Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Ide	Version 7/
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	June 14, 2004 Y STATE		#04-303
Application	Pre-application			, .	
☐ Construction Non-Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifier
5. APPLICANT INFORMATION	Non-Construction	<u> </u>	W		, , , , , , , , , , , , , , , , , , ,
Legal Name:			Organizational Uni Department:	t;	
City of Lodi Organizational DUNS:			Publ	ic Works	
0200045	52 F O F	TWE IN		ineering	•
Address: 4. Street: 221 W. Pine Street	D & 6	1 1 5	Name and telephor Involving this appli Prefix:	ne number of periodication (give are First Name;	erson to be contacted on matters as code)
City:	HMH JUN T	5 2004 - 191	Mr. Middle Name		Charles
County:	144 - 0011 '		Last Name	ard	
San Joaquin	Zip Code	DING HOUSE	Swir	nley ·-	
California Country:	STAT952401 FA	KING FIUUUL	Jr.		
United States	VALUE OF THE STATE		cswi	mley@lodi.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (E/N);		Phone Number (give	area code)	Fax Number (give area code)
94-6000361 8. TYPE OF APPLICATION:			(209) 333-6706		(209) 333-6710
V New	Continuation	,	1		k of form for Application Types)
f Revision, enter appropriate lette See back of form for description	er(s) in box(es)	, Kevisiuit	C (Municipal Other (specify)	1)	
Other (specify)		L.J	9. NAME OF FEDER	AL AGENCY:	
10. CATALOG OF FEDERALD	OMERTIC ARRISTANCE	E MIRADED.	Environmental Pro	tection Agency	
TO THE STATE OF TH	ONIESTIC ASSISTANC		11. DESCRIPTIVE T		CANT'S PROJECT: pital Maintenance Program
	G Appropriations Act of			ino / aoiminos ou	prod Maintenance Program
12. AREAS AFFECTED BY PRO	JECT (Cltles, Counties,	States, etc.):			
Lodi, California 13. PROPOSED PROJECT					
Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant		DF; b. Project
December 2004 15. ESTIMATED FUNDING:	April 200	05	11th		11th
			JORDER 12372 PROC	ES87	REVIEW BY STATE EXECUTIVE
a. Federal \$		385,700	THIS PRE	APPLICATION	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
o. Applicant \$		320,000	PROCES	S FOR REVIEW	ON
s. State \$,00	DATE: 06	5/15/04	
Local \$.00	b. No. IT PROGRA	M IS NOT COVE	ERED BY E. O. 12372
o. Other \$	•	01)	OR PROG	RAM HAS NOT	BEEN SELECTED BY STATE
Program Income \$	·	00	17. IS THE APPLICAN	IEW NT DELINQUEN	T ON ANY FEDERAL DEBT?
TOTAL		705,700 ·	Yes If "Yes" altach	an evolunation	₽ No
8. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, A	I DATA IN THIS ADD	ICATIONIGET ADDITION	ATION ADD TO	
TTACHED ASSURANCES IF TH	SINUNIZED DI INC G	OVERNING BODY OF 1	HE APPLICANT AND	THE APPLICAN	IT WILL COMPLY WITH THE
Authorized Representative refix Mr.	Irst Name		Middle I	Vame	
ast Name	Harold		Sufflx	Dixon	
Flynn Tille				han M. F	
City Manager Signature of Authorized Represe	otativa			hona Number (g (209) 333	ive area code) 3-6700
	- Julian	>	e. Date	Signed 06/15/04	
evious Edillon Usable uthorized for Local Reproduction	,				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	1 1			OMB Approval No. 0348-0043			
FEDERAL ASSISTANCE		2. DATE SUBMI	TTED	Applicant Identifier 49 U.S.C.,			
		April	9, 2004	CH. 53, Sections 5303 and 5313(b)			
1 TYPE OF SUBMISSION:		3. DATE RECEI	VED BY STATE	State Applicant Identifier			
Application	Preapplication Construction			94-6001344-C			
Construction	Construction	4. DATE RECEI	VED BY FEDERAL AGENCY	Federal Identifier			
X Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:	DI CANA			
California Department of			Division of Transportatio				
Address (give city, county, State, P. O Box 942874, MS - 32	• •		this application (give area code)	erson to be contacted on matters involving Sharon Scherzinger, Chief			
Sacramento, CA 94274-00			Office of Regional and In				
Sacramento County	70 1		Transportation Planning.				
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		7. TYPE OF APPLICANT: (enter				
94-60013			The second of	A			
	41		A. State H. Indeper	ndent School Dist.			
8. TYPE OF APPLICATION:			B. County I. State co	ntrolled Institution of Higher Learning			
			C. Municipal J. Private	-			
New X Cor	ntinuation Revision		D. Township K. Indian T E. Interstate L. Individu				
If Revision, enter appropriate lette	er(s) in box(es)	7		Organization			
		_	G. Special District N. Other (-			
7 11 1110100000 7 1111011 0 -1 -1 -1 -1	ease Award C. Increase Du	ıration					
D. Decrease Duration Other (s	specify):		9. NAME OF FEDERAL AGENCY:				
			Department of Transportation Federal Transit Administration, Region IX				
		_		· -			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TITLE OF APP	PLICANT'S PROJECT:			
	2 0 5	1 4	FY 2004 49 U.S.C., Chapt	er 53. Section 5303			
TITLE: Transit Planning		لتالنا	- · · · · · · · · · · · · · · · · · · ·	rogram - \$9,668,139 (Estimate)			
12. AREAS AFFECTED BY PRO		tes etc.):	FY 2004 49 U.S.C. Chapte	_			
State of California	beo r (onico, ocurnico, ciar	.00, 0.0.7.	<u>-</u>	ch Program - \$1,940,124 (Estimate)			
13. PROPOSED PROJECT:	14. CONGRESSIONAL DIS	ETRICTE OF					
FY 2004 OWP Program	California St						
Start Date Ending Date	a. Applicant	atewide	b. Project				
July 1, 2004 June 30, 2005	Statewide		Statewide Transit Planni	ng			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT T	TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PROCESS				
a. Federal	SEIV -	.00					
b. Applicant	11,608,263 \$0.1 b 2000	.00		FION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372			
b. Applicant	DK r	.00	PROCESS FOR REVI				
c. State	\$ JUNISE	.00	1 11002001 01111211				
	CLEARING HOS		DATE April 9,	2004			
d. Local STA	\$ CLEARING HOUSE	.00	b No C BROGRAMIS NO	OT COVERED BY E. O. 12372			
	-,,			IAS NOT BEEN SELECTED BY STATE			
e. Other	\$.00	FOR REVIEW	IAS NOT BEEN SELECTED BY STATE			
f. Program Income	\$.00	1				
_			17. IS THE APPLICANT DELING	JENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00	1				
	13,112,237		Yes If "Yes," attach an exp				
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A THE ATTACHED ASSURANCES	AUTHORIZED BY THE GOV	ERNING BODY O	PPLICATION/PREAPPLICATION A DF THE APPLICANT AND THE AP	ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH			
a. Type Name of Authorized Rep			CHIEF, OFFICE OF REGIONAL	c. Telephone Number			
CYNTHIA GOMEZ	J. 110		ERAGENCY PLANNING	(916) 654-2389			
d. Signature of Authorized Repre	sentative	AND IN	LITAGENOT FEARMING	e. Date Signed			
1 A THE STATE OF T				April 9, 2004			
- Jumes	(h)			Standard Form 424 (Rev. 7-97)			
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				•			

APPLICATION FOR				OMB Approval No. 0348-0043		
FEDERAL ASSISTAN	CE	2. DATE SUBMI	ITTED	Applicant Identifier		
		April	9, 2004	FY 2004 PL Overall Work Program		
1 TYPE OF SUBMISSION:		3. DATE RECEI		State Applicant Identifier		
1 <u></u>	Preapplication					
Construction	Construction	4 DATE BECEI	VED BY FEDERAL AGENCY	94-6001344-C Federal Identifier		
X Non-Construction	Non-Construction	4. DATE RECEI	VED DI PEDENAL AGENOT	r ederar identiner		
5. APPLICANT INFORMATION		-L				
Legal Name:			Organizational Unit:			
California Department of 1			Division of Transportatio			
Address (give city, county, State, a	and zip code):		1	erson to be contacted on matters involving		
P. O Box 942874, MS - 32			this application (give area code)	Sharon Scherzinger, Chief		
Sacramento, CA 94274-00	01		Office of Regional and In			
Sacramento County			Transportation Planning.			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICANT: (enter a	appropriate letter in box)		
94-60013	4 7		A. State H. Indeper	A A A A A A A A A A A A A A A A A A A		
8. TYPE OF APPLICATION:			-	ntrolled Institution of Higher Learning		
			C. Municipal J. Private	University		
New X Con	tinuation Revision		D. Township K. Indian T			
If Davisian, anter appropriate letter	r(a) in boy(oa)	٦	E. Interstate L. Individu F. Intermunicipal M. Profit C	al Organization		
If Revision, enter appropriate letter	(S) III DOX(eS)	J	G. Special District N. Other (S	•		
A. Increase Award B. Decre	ease Award C. Increase Du	ration				
D. Decrease Duration Other (s	pecify):		9. NAME OF FEDERAL AGENCY			
			Department of Transport			
		_	Federal Highway Adminis	stration, Region IX		
10. CATALOG OF FEDERAL DO	VIESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TITLE OF APP	LICANT'S PROJECT:		
		1 - 1 - 1				
	2 0 2	0 5	FY 2004/05 Federal Plann	ing Funds		
TITLE: MPO Highway Pla			\$29,000,000.00 in FHWA	PL Funds (Estimate)		
12. AREAS AFFECTED BY PROJ	ECT (Cities, Counties, Stat	es, etc.):				
State of California						
13. PROPOSED PROJECT:	14. CONGRESSIONAL DIS	STRICTS OF:				
FY 2004 OWP Program	California St	atewide				
Start Date Ending Date	a. Applicant		b. Project			
July 1, 2004 June 30, 2005	Statewide		Statewide Metropolitan P			
15. ESTIMATED FUNDING:				O REVIEW BY STATE EXECUTIVE		
a. Federal	TIED -	.00	ORDER 12372 PROCESS			
a. Federal	30 000 000	.00	O VES THIS DREADDINGAT	TON/ABBLICATION WAS MADE		
		.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
APR	19 500,	.00	PROCESS FOR REVI			
c. State	\$CE	.00				
	S ARING HOUSE 3.757.257		DATE April 9, 2	004		
d. Local STATE C	2 757 057	.00	h No ET PROCRAMIS NO	OT COVERED BY E. O. 12372		
	-,,		<u> </u>			
e. Other	\$.00	FOR REVIEW	AS NOT BEEN SELECTED BY STATE		
f. Program Income	\$.00	1			
			17. IS THE APPLICANT DELINGU	JENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$.00	1			
	32,757,257		Yes If "Yes," attach an exp	olanation. X No		
			PPLICATION/PREAPPLICATION A			
1			OF THE APPLICANT AND THE APP	PLICANT WILL COMPLY WITH		
THE ATTACHED ASSURANCES			CHIEF, OFFICE OF REGIONAL	c Telephone Number		
a. Type Name of Authorized Repr	resentative b. Title		•	·		
CYNTHIA GOMEZ	L Contains	AND INT	ERAGENCY PLANNING	(916) 654-2389 e. Date Signed		
d. Signature of Authorized Repres	entative					
(SWIMMA)	//Dm/			April 9, 2004		
Previous Edition Usable	X			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102		
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APPLICATION FOR				OWIB Approval No. 0346-0043	
FEDERAL ASSISTAN	ICE	2. DATE SUBM	ITTED	Applicant Identifier	
		April	9, 2004	FY 2004 SP&R Partnership Planning	
1 TYPE OF SUBMISSION:		3. DATE RECEI	VED BY STATE	State Applicant Identifier	
_Application	Preapplication				
Construction	Construction			94-6001344-C	
X Non-Construction	Non-Construction	4. DATE RECEI	VED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		<u> </u>	AND THE STATE OF T		
Legal Name:			Organizational Unit:	AND THE STATE OF T	
California Department of	Transportation		Division of Transportation	on Planning	
Address (give city, county, State,		·		person to be contacted on matters involving	
P. O Box 942874, MS - 32			this application (give area code)	Sharon Scherzinger, Chief	
Sacramento, CA 94274-00			Office of Regional and I	- ,	
·	001		Transportation Planning		
Sacramento County	ALAULMADED /E/A/\.		7. TYPE OF APPLICANT: (enter		
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICANT: (enter		
9 4 - 6 0 0 1 3	4 7			A A	
			•	endent School Dist.	
8. TYPE OF APPLICATION:			, , , ,	ontrolled Institution of Higher Learning University	
New X Co	ntinuation Revision		D. Township K. Indian	•	
	Titilidation Titevision		E. Interstate L. Individ		
If Revision, enter appropriate lette	er(s) in box(es)	7	F. Intermunicipal M. Profit	Organization	
		_	G. Special District N. Other	(Specify)	
A. Increase Award B. Deci	rease Award C. Increase Du	ıration			
D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENC		
			Department of Transpor		
		_	Federal Highway Admin	istration, Region IX	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF AP	PLICANT'S PROJECT:	
10. OATALOG OF TEDLITAL DO	MILOTIO ACCIOTANCE NO				
	2 0 5	1 5	FY 2004/05 Federal Plan	ning & Research Funds	
TITLE: State Planning a	nd Research Program		\$1,000,000.00 in FHWA	SD&R Funds (Fetimate)	
12. AREAS AFFECTED BY PRO		tes etc.):	\$1,000,000.00 III 1 11WA	or arr runus (Estimate)	
State of California	ocor (omos, courmos, ciar	100, 010./.			
				A190.4.4	
13. PROPOSED PROJECT:	14. CONGRESSIONAL DIS	STRICTS OF:			
FY 2004 OWP Program	California St	tatewide			
Start Date Ending Date	a. Applicant		b. Project		
July 1, 2004 June 30, 2005	Statewide		Statewide Planning & R		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT	TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PROCESS		
a. Federal	§ Fin	.00			
- AT	TED 1,000,000			ATION/APPLICATION WAS MADE	
b. Applicant	3	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372		
11/1	5 2004		PROCESS FOR RE\	/IEW ON:	
c. State \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	18 0 50°	.00		0004	
	- 105		DATE April 9,	2004	
d. Local	SARING HOUSE	.00	b. No. PROGRAM IS N	IOT COVERED BY E. O. 12372	
STATEUL	CONTRACTOR	.00		HAS NOT BEEN SELECTED BY STATE	
e. Other	*	.00	FOR REVIEW	HAS NOT BEEN SELECTED BY STATE	
f. Program Income	\$.00	IONNEVIEW		
1. 1 rogram meome	ľ	.00	17 IS THE APPLICANT DELING	QUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$.00	17.13 THE AFFEIDANT BEEING	ROLITI ON AIT I EDELIAE DEDI .	
g. TOTAL	1,250,000	.00	Yes If "Yes," attach an e	xplanation. X No	
18 TO THE BEST OF MY KNOW	1 ' '	DATA IN THIS A	-	N ARE TRUE AND CORRECT, THE	
				PPLICANT WILL COMPLY WITH	
THE ATTACHED ASSURANCES					
a. Type Name of Authorized Rep			CHIEF, OFFICE OF REGION	c. Telephone Number	
I			•		
CYNTHIA GOMEZ	na antatica	AND IN I	ERAGENCY PLANNING	(916) 654-2389 e. Date Signed	
d. Signature of Authorized Repre	eseniarve			1	
(JAMILIA)	AM -			April 9, 2004	
Previous Edition Usable	/ ////		AND	Standard Form 424 (Rev. 7-97	
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OMB Approval No. 0348-0043 APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FFDERAL ASSISTANCE June 9, 2004 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Prespolication Application

Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction ☐ Nen-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: The Center for Water Education E Legal Name: Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 700 North Alameda 213-217-6622 Gilbert F. Ivey Los Angeles, CA | 90012N 15 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): H, Independent School Dist. CLEARING HOUSE **6**—0 A Stale I, State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation New New K. Indian Tribe D. Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization Non-Profit F. Intermunicipal N, Other (Specify) G. Special District C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Energy 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water education center TITIF: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hemet, Riverside County, California 14. CONGRESSIONAL DISTRICTS OF:
R Ed. Bono/Calvert 13 PROPOSED PROJECT 14 The Center Water b. Project Ending Date a. Applicant Start Date CWE Facility 11/1/05 The Center for Water Ed 9/1/04 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? Δû XX. YES. THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal \$966,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 m b. Applicant PROCESS FOR REVIEW ON: ñά 6/10/05 c. State \$5,000,000 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 d. Local ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$18,083,000 e. Other FOR REVIEW ۵۵ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income Yes If "Yes," attach an explanation. g. TOTAL \$24,049,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative Agreement Administrator 213-217-6622 Gilbert F. Ivey

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d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

2004

e. Date Signed

June 9,

NO.594

A DOLLO A TION	-08					Version 7/03
APPLICATION F FEDERAL ASSI	OK ISTANCE	: - [2. DATE SUBMITTED		Applicant Ident	ifier
	. ::		June 15, 2004	STATE	04-386 State Application	on Identifier
1. TYPE OF SUBMI	SSION:	Pre-application	3. DATE RECEIVED BY	SIAIE	Otate Applicati	
Application		l \	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er er
Construction	, r	Construction		1		
Non-Construction	on	Non-Construction	<u> </u>			
5. APPLICANT INFO Legal Name:	ORMATION			Organizational U	nit	
- 1				Department:		
Communities For A		onment		Division:		
Organizational DUN	S:			1		
00-270-9660 Address:				Name and teleph	one number of per	son to be contacted on matters
Street:					plication (give area	(2000)
5610 Pacific Blvd.,	Suite 203		R B I W R	Prefix:	Bahram	
		- HDF	<u> </u>	Middle Name		
City: Huntington Park	:	11.5		#444		
County:			Ibias a	Last Name Fazel	•	
Los Angeles			UN 14 2004 -	Suffix:		
State: California	: '	Zip Code 90255			<u>.</u>	* **
Country				Email: bfazeli@yahoo.c	om .	
United States of Arr	nerica	LSTATE (OFADIMIT HOL	Phone Number (g		Fax Number (give area code)
6. EMPLOYER IDE	NTIFICATION	N NUMBER (EIN); has	AFFUMING UNI	(323) 826-9771 0		(323) 588-7079
94-299	8086					k of form for Application Types)
8. TYPE OF APPU	CATION:		:	7, TYPE OF APP	LICANT: (See Daci	K of IDIII 101 April 101
	Ø Ne	w 🖸 Continuatio	n 🔲 Revision	O 501 (c) 3	· · · · · · · · · · · · · · · · · · ·	
If Revision, enter ap	propriate le	mer(s) in box(es)	*	Other (specify)		•
(See back of form fo	or descriptio	n or letters.)	:			1 P
Other (specify)	* •			9. NAME OF FE	DERAL AGENCY; rotection Agency (M	e Chand Filart)
1				Environmental	TELL COE ADDI I	CANT'S PROJECT:
10. CATALOG OF	FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIV	E ITTLE OF APPLI	California Demonstration Project
	•		86-606	Southeast Los A	ngeles Air Pollution	Solution Demonstration Project
TITLE (Name of Pr	oarám).					•
Special Activities -	(Gil					A CONTRACTOR OF THE SECOND SEC
12. AREAS AFFE	TED BY P	ROJECT (Clues, Countie	s, States, etc.):			
County of Los Ang	eles					
13. PROPOSED P	<u>"</u>		()		IONAL DISTRICTS	D. Project
Start Date:		Ending Date:	. ,	a. Applicant 34th (Roybal-All	ard)	34th (Roybal-Allard)
October 1, 2004		September 30, 2005		16 IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED F	UNDING:			A0070 D	ウヘク=ぐぐ ク	
a. Federal		\$	14.000	a. Yes. Z	PREAPPLICATION	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
			44,000	- AVE	CESS FOR REVIE	WON.
b. Applicant		\$		1		
c, State	 	ŝ		TAD	E: 6-14-01	7
0, 01218				→ PR	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local	٠.	\$	- 1 	10. NO. LUI		
e. Other		ŝ	w		PROGRAM HAS NO	ot been selected by state
e. Other					REVIEW	ENT ON ANY FEDERAL DEBT?
f. Program Income	<u> </u>	· ·	• .	11.13 (()2.71	CIONIII DELINIA	
g. TOTAL		8		TIYES IT YOS"	attach an explanation	on. 🛭 No
ļ. ·			44,000		OBLICATION ARE	TRUE AND CORRECT. THE
18. TO THE BES	T OF MY KI	NOWLEDGE AND BELIE	F, ALL DATA IN THIS A	F THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSI	IRANCES I	F THE ASSISTANCE IS	AWARDED.			
a Authorized Rep	resentative	and the second of the second			Middle Name	
Prefix Ms.		First Name Yuki	* * * * * * * * * * * * * * * * * * *	· .	wite and the same	
Last Name		1,40			Suffix	•
Kidokoro			·		. Telephone Numb	or (give area code)
b. Title			:		(323) 826-9771 ext.	105
Executive Directors. Signature of Au	thorized Re	presentativo	:		Date Signed	
c. signature of	12				June 14, 2004	Standard Form 424 (Rev.9-200)

NO. 0.895 P. 4

	•				Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	· · · · · · · · · · · · · · · · · · ·	2. DATE SUBMITTED		Applicant Ident	ifier
TYPE OF SUBMISSION:		6/14/04 3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identifi	ег 🤼
Construction	☐ Construction ☐ Non-Construction	A. DATE NEOLITON			
Non-Construction APPLICANT INFORMATION					
egal Name;		•	Organizational Unit		
MERCY HOUSING CALIFORN	IIA		Los Angeles Office		
Organizational DUNS: 883200900	6	B N V B Inli			
Address:	TITE G		Name and telephor Involving this appl	ne number of pel	rson to be contacted on matters
Street: 1360 Mission Street, Suite 300	, ((0)		Prefix:	First Name:	(Kg)
	11.011	1 1 2004 V	Ms Middle Name	Sharon	
Ölty: San Francisco			1.1.	(1	
County: San Francisco		- STATE HOUS	Christen		
State; CA	Zip Code TATE C	LEARING HOUS	Suffix:		
	94108SIAIL		Email: SChristen@MERC	VHALISING ORG	
Country: UNITED STATES	DALBUMBER (EMD.		Phone Number (give		Fax Number (give area code)
6. EMPLOYER IDENTIFICATI			(415) 355-7111	,	(415) 355-7122
94-308166	6			CANT: (See bac	k of form of Application Types)
8. TYPE OF APPLICATION:	ew Continuation	on · √" Revisio⊓	0, NOT FOR PROF		
f Revision, enter appropriate le	etter(s) in box(es)	UII I REVIOISII	1	TO CONTROL	
See back of form for description	on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE U.S. DEPARTMEN	T OF HOUSING	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ARRISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	14-157	New Dana Strand	Senior Homes	A. AAR / / 4007
TITLE (Name of Broatem):			450 N. Hawaiian A	venue Willminglo verv low income, s	service-enriched units for seniors
TITLE (Name of Program): HUD SECTION 202		C(c(c) ato):	and 1 two-bedroor	n manager's unit	
12. AREAS AFFECTED BY F		es, States, etc.).			
City and County of Los Angel	es, California		14. CONGRESSIC	NAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project 36
12/1/04	12/1/06		40 IS ABBUCAT	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	NUADDI ICATION WAS MADE
a. Federal	\$	13,610,715	a. Yes. 🛭 THIS I	ABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$	10,000	PROC	ESS FOR REVIE	WON
c, State	\$, Jojour	DATE	6/14/04	
d, Local	\$	781.642	b. No. IT PROG	RAM IS NOT CO	VERED BY E. O. 12372
	\$		- ORPI		OT BEEN SELECTED BY STATE
e. Other	\$	500,000	17. IS THE APPLI	REVIEW CANT DELINQUI	ENT ON ANY FEDERAL DEBT?
f, Program Income	3	ОВ			
g, TOTAL	5	14,892,282	☐ Yes If "Yes" at	tach an explanation	
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	I Y AUTHORIZEU BI IF	IE GOVERNING BOD! OF	THE APPLICANT A	ND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
a, Authorized Representative			Mic	idle Name	
Prefix MS	First Name Jane			M.	
Last Name Graf			1	Telaphone Numbe	er (dive area code)
b. Title PRESIDENT			41	5-355-7100	A (Aug nigation)
d. Signature of Authorized Re	presenter A		e.	Date Signed	· · · ·
- XI/L(d/)	11 10 17				Standard Form 424 (Rev.9-20

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PPLICATION FOR				Applicant Ident	Version 7/03
EDERAL ASSISTANCE	:	2. DATE SUBMITTED 6/14/04			
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application	Pre-application	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identifi	er
Construction	Construction				
Non-Construction APPLICANT INFORMATION	Non-Construction	, and the second			
egal Name:	×		Organizational Un Department:	i <u>t:</u>	
TERCY HOUSING CALIFORN	IIA FETER	G N W E	SAN FRANCISCO	OFFICE	
organizational DUNS:			Division:	•	
83200900 Address:	112/		Name and telepho	ne number of per	rson to be contacted on matters
treat:		JN 14 2004	Involving this app Prefix:	First Name:	a code)
360 Mission Street, Sulte 300			M\$	RANDI	
Olty:		- IIIOIIO	Middle Name		
San Francisco	+ CTATE (TEARING HOUS	est Name GERSON		
San Francisco	10 MIL	When Sand 11	Suffix:		il and the second secon
State: A	ZIp Code 94103				
COUNTRY: JNITED STATES			Email: RGERSON@MER	CYHOUSING.OR	G
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)
94-308166			(415) 355-7120		(415) 355-7122
TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form (of Application Types)
₽ Ne	w Continuati	on . Revision	O. NOT FOR PRO	FIT ORGANIZATIO	ON .
Revision enter appropriate le	itter(s) in box(es)		Other (spacify)	•	
See back of form for description	on of letters.)				
Other (specify)	-		9. NAME OF FEDI	ERAL AGENCY: NT OF HOUSING:	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAL	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:
10. CATALOG OF PEDERAL	DOMESTIC ASSISTAN		KENT GARDENS	SENIOR HOUSIN	IG
		14-157	16438-16450 KEN	NT AVENUE SAN	LORENZO CA 94580-1231 servicesenriched units for seniors
TITLE (Name of Program): HUD SECTION 202	·		and 1 two-bedroom	m manager's unit.	
12. AREAS AFFECTED BY P					
CITY OF SAN LORENZO AND	COUNTY OF ALAMED	A, CALIFORNIA	11 201005001	NAL DISTRICTS	OE
13, PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTRICTS	b. Project
Start Date: 4/1/2006	Ending Date: 4/1/2007		loa		09
15. ESTIMATED FUNDING:			AAAEB 40070 BD	ACESS?	REVIEW BY STATE EXECUTIV
o Codoral	\$		THIS	RREAPPLICATIO	N/APPLICATION WAS MADE
a. Federal		10,130,317		ABLE TO THE ST CESS FOR REVIE	TATE EXECUTIVE ORDER 12372
b. Applicant	\$	10,000			
c. State	\$, Du		6/11/04	
d. Local	\$	2 004 543	b. No. ITI PROC	GRAM IS NOT CO	VERED BY E. O. 12372
		2,994,543	- ORP	ROGRAM HAS N	OT BEEN SELECTED BY STATE
e. Other AHP	\$	420,000		DEVIENA	ENT ON ANY FEDERAL DEBT?
f. Program Income	\$. 00	17. IS THE APPL	ICANT DELINGO	ENT ON ANT TEDERAL DEST.
g, TOTAL	\$	10.554.000,	Tyes If "Yes" al	ttach an explanatio	on. 🗹 No
	ION EDGE AND BELL	13,554,860	DUCATION/DDEAD	DUCATION ARE	TRUE AND CORRECT. THE
レンシ げんきがん ロマぐ じききか ひこり	Y AUTHORIZED BY II	WE GOACKIMING BODI OF	THE APPLICANT	ND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES I	F THE ASSISTANCE IS	S AWARDED.			
a. Authorized Representative	l First Name		Mi	ddle Name M.	
Ms Ms	Jane	2	Su	ıffix	
Last Name Graf					or (elve prop code)
b. Title	•		4	Telephone Numbe 15-355-7100	al (Bive gien come)
PRESIDENT	presentative/		θ.	Date Signed	. • ****
	SUL				Standard Form 424 (Rev.9-20

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	Version 7/03
FEDERAL ASSISTANCE		6/14/04 3, DATE RECEIVED BY	STATE	State Applicati	
1. TYPE OF SUBMISSION: Application	Pre-application				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ler
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	<u> </u>		Organizational Uni	t;	•
Legal Name:			Department: San Francisco Offic		
MERCY HOUSING CALIFORN	IIA		San Francisco Offici Ovision:	-	
Organizational DUNS: 683200900	TO E G		n li i		
Address:			Name and telephor	ne number of pe	rson to be contacted on matters
Street:			Prefix:	First Name:	11.13
1360 Mission Street, Suite 300	IIIII. JU	N 1 4 2004		MERLE	
City:			Middle Name		
San Francisco County:			Last Name CMALAKOFF		
San Francisco	CTATEC	LEARING HOU	Suffix:	4.	
State: CA	Zip Code) 77 L. C 94103	Ches band II III V	Sulli.		
Country: UNITED STATES			Email: MMALAKOFF@ME	RCYHOUSING.	ORG
6. EMPLOYER IDENTIFICATI	ON NUMBER (FIN):		Phone Number (glve		Fax Number (give area code)
			(415) 355-7156		(415) 355-7122
94-308166	6 ,		1 ()	CANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	n=,	T Deciden			
I∕ Ne If Revision, enter appropriate le	ew	n Revision	0. NOT FOR PROF	II ORGANIZATI	JN-
(See back of form for description	on of letters.)	П	Other (specify)		
04			9. NAME OF FEDE	RAL AGENCY:	ALL ALL DEVELOPMENT
Other (specify)			U.S. DEPARTMEN	T OF HOUSING	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1		CANT'S PROJECT:
	The second secon	14-157	9th & Jessie Senio SWC 9th & Jessie	r Community Streets San Fran	risco CA 94103
TITLE (Name of Program):					
HUD SECTION 202 .	PO IFOT (Cites Counting	in States etc.):	— 103 one-bedroom,	very low income,	service enriched units for seniors
12. AREAS AFFECTED BY P			and 1 (we bedroon	i managers unit	
CITY AND COUNTY OF SAN	FRNACISO, CALIFORN	IA	14. CONGRESSIO	NAL DISTRICTS	OF:
13. PROPOSED PROJECT	Ending Date.		a, Applicant	NAL DIGITAL TO	b. Project
Start Date: 4/1/06	12/01/07		08		08
15. ESTIMATED FUNDING:		· · · · · · · · · · · · · · · · · · ·	16. IS APPLICATION ORDER 12372 PR	ON SUBJECT TO CCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$	00	THIS P	PREAPPLICATIO	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
a. I suciui		11,971,245		ABLE TO THE S ESS FOR REVIE	
b. Applicant	\$	401,070			
c. State	S S S S S S S S S S S S S S S S S S S		DATE	6/14/04	
d. Local	2		b. No. IT PROG	RAM IS NOT CO	VERED BY E. O. 12372
Q. LOCAI		13,520,479		OCRAM HAS N	OT BEEN SELECTED BY STATE
a. Other FLHB-SF	\$	520,000	U FOR €	ZEVIEW	
f. Program Income	\$.00	17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?
	\$	0.0	☐ Yes If "Yes" at	and avalonation	on. 🗸 🗹 No
g. TOTAL		26,412,794	Tes II Yes au	DUCATION ADE	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY TH	E GOVERNING BOUT O	F THE APPLICANT A	ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			IMIC	ldle Name	
Prefix MS	First Name Jane	·		М	
Last Name Graf			Sul		- (-ll
b. Title			c. 7 141	elephone Numbe 5-355-7100	or (give area code)
PRESIDENT d. Signature of Authorized Re	Actionative A			Date Signed	
u. Signatura di la	JUK				Standard Form 424 (Rev.9-2003

Prescribed by OMB Circular A-102

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE		2. DATE		WITTED 9/04		Applicant Ide	ntifier	
1. TYPE OF SUBMISSION:		3. DATE		EIVED BY	STATE	State Applica	State Application Identifier	
Application	Pre-application	4 DATE	RECE	IVED BY	FEDERAL AGE	NCY Federal Iden	fifier	
Construction	Construction	7. 07.12	I I LOL	-1112001	I EDERAL AGE	r caciai iacii		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:					Organizational	l Unit:		
Feather River Canyon Commun	ity Services District no	1 F F	51		Department: Feather River C	Canvon CSD		
Organizational DUNS:			Π	474-74-841-8	Division:		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Address:							erson to be contacted on matters	
Street:	JUN 14 20)04	الا		involving this a	application (give ar First Name:	ea code)	
	UUN I				Mr.	Peter		
City: Twain			105		Middle Name	-		
	ATE CLEARING	J HUL	195		Last Name Dryer			
State: Laifornia	Zip Code 95984				Suffix:			
Country: USA					Email:			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	***************************************			Phone Number	(give area code)	Fax Number (give area code)	
68-0228237	1				530-283-2130		530-283-0159	
8. TYPE OF APPLICATION:					7. TYPE OF AP	PPLICANT: (See ba	ck of form for Application Types)	
☑ Nev		n 🗆	Revis	ion	G. Special Dist	trict		
If Revision, enter appropriate lett (See back of form for description	of letters.)				Other (specify)		i ·	
Other (specify)		L			9. NAME OF FI USDA Rural De	EDERAL AGENCY: evelopment		
10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANC	E NUMB	ER:		11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program):		1 (7	6 0	Emergency Replacement of Damaged Community Water Tank			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States,	etc.):		_			
Paxton, Plumas County, Califor	nia							
13. PROPOSED PROJECT			***************************************		14. CONGRES	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date:				a. Applicant John Doolittle		b. Project Same	
7/1/04 15. ESTIMATED FUNDING:	10/30/04					ATION SUBJECT TO	D REVIEW BY STATE EXECUTIVE	
			0	0	ORDER 12372	PROCESS?		
a. Federal \$		47,	,068		」 ^{a. Yes.} ⊯ AV.	AILABLE TO THE S	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$			•			OCESS FOR REVIE	:W.ON	
c. State \$					DA	TE: 6/8/04		
d. Local \$					b. No. 🗂 PR	OGRAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$						PROGRAM HAS NO R REVIEW	OT BEEN SELECTED BY STATE	
f. Program Income \$			U	0	17. IS THE API	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		47	,068	0	Yes If "Yes"	attach an explanatio	on. 🛮 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERN	IING B	THIS APP BODY OF	PLICATION/PREATHE APPLICANT	APPLICATION ARE Γ AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			-		1.	Maria N		
Prefix Mr.	First Name Peter					Middle Name		
Last Name Dryer		inggan ang ang ang ang ang ang ang ang an				Suffix		
b. Title Chairman, Board of Directors, F		mmunity	Servic	es District		c. Telephone Numbe 530-283-2130	r (give area code)	
d. Signature of Authorized Representation	sentative				•	e. Date Signed		

APPLICATION F	OR			OMB Ap	oproval No. 0348-0043	
FEDERAL ASSIS	STANCE	2. date submitted June 8,	, 2004	Applicant Identifier		
1. TYPE OF SUBMISSION	:	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction Non-Construction	Preapplication ✓ Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMA	TION					
Legal Name: Merced County Address (give city, county, 715 Martin Luthe Merced, CA 953	r King Jr. Way	JN 1 4 2004	Name and telephone i	f Public Works number of person to be contact rea code) s (209) 385-7602	ed on matters involvir	
6. EMPLOYER IDENTIFIC 9 4 6 0 8. TYPE OF APPLICATION	ATION NUMBER (EIN): 0 0 5 2 1 N: Continuation	DLEARING HOUS Revision		ANT: (enter appropriate letter in H. Independent School Dist. I. State Controlled Institution of J. Private University K. Indian Tribe L. Individual M. Profit Organization	В	
	B. Decrease Award C. Incre Other(specify):	ase Duration	G. Special District 9. NAME OF FEDERA	N. Other (Specify)AL AGENCY:		
			USDA			
TITLE:	RAL DOMESTIC ASSISTANCE Y PROJECT (Cities, Counties, of Planada	10-766		TLE OF APPLICANT'S PROJE	:CT:	
13. PROPOSED PROJEC	T 14. CONGRESSIONAL	DISTRICTS OF:		V		
Start Date	1 ''	18	b. Project	18		
15. ESTIMATED FUNDIN	G:		16. IS APPLICATION ORDER 12372 PI	I SUBJECT TO REVIEW BY S ROCESS?	TATE EXECUTIVE	
a. Federal b. Applicant	\$	13,300		APPLICATION/APPLICATION E TO THE STATE EXECUTIVE		
c. State	\$	11,700	PROCESS DATE	o6/09/04		
d. Local	\$.00		AM IS NOT COVERED BY E. (O. 12372	
e. Other	\$.00	OR PRO	OGRAM HAS NOT BEEN SELE VIEW	CTED BY STATE	
f. Program Income	\$.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY F	DERAL DEBT?	
g. TOTAL	\$	25,000	Yes If "Yes,"	attach an explanation.	☐ No	
DOCUMENT HAS BEEN ATTACHED ASSURANCE	Y KNOWLEDGE AND BELIEF, I DULY AUTHORIZED BY THE CES IF THE ASSISTANCE IS A	GOVERNING BODY OF THE WARDED.	CATION/PREAPPLICA HE APPLICANT AND 1	THE APPLICANT WILL COMP	ECT, THE LY WITH THE	
a. Type Name of Authoriz Paul A. Fillebrown		b. Title Public Works Dire	ctor	c. Telephone Number (209) 385-7602		
d. Signature of Authorized		<u>/ ` </u>		e. Date Signed		

			OMB Approval No. 0348-0	
FEDERAL ASSISTANCE		2004	Applicant Identifier	
lication	S. DATE RECEIVED BY	ISIAIE	State Application Identifier	
	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
n-Construction			- Subject Technique	
code);			 number of person to be contacted on matters invol 	
	5965	this application	· · · · · · · · · · · · · · · · · · ·	
		Pat Clark-G	riffin 530-538-2403	
		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
117 1111 JUN	14 2004 1101	A State	C	
land to all	· · · · · · · · · · · · · · · · · · ·	41	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
Continuation	Revision	C. Municipal	J. Private University	
ISTATE OLD	A title to a me	D. Township	K. Indian Tribe	
UX(es)	THIS HOUSE	11	L. Individual	
vard C. Increase	Duration	1	M. Profit Organization N. Other (Specify)	
		C. Spoolal District	Other (Openity)	
		9. NAME OF FEDERA	L AGENCY:	
		USDA Rural Deve	elopment	
C ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
	1 0 — 7 7 3	Industrial Unit #3	Infrastructure Study	
_				
Cities, Counties, Stat	es, etc.):			
	•			
NGRESSIONAL DIS	TRICTS OF:			
cant		h Project		
	·	D. Project	2	
	****	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
	75 000 ·			
			PPLICATION/APPLICATION WAS MADE	
	82,500 · · · · · · · · ·		TO THE STATE EXECUTIVE ORDER 12372	
	,00	PROCESS	FOR REVIEW ON:	
	•	DATE	06/08/04	
	.00	- L N		
	.00		M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE	
and the same and t		FOR REVI		
	•	47 10 7115 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	00	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?	
	00 1			
	157,500		ttach an explanation.	
AND BELIEF, ALL	157,500 DATA IN THIS APPLICA	ATION/PREAPPLICATI	ON ARE TRUE AND CORRECT. THE	
RIZED BY THE GOV	157,500 DATA IN THIS APPLICATED OF THE	ATION/PREAPPLICATI		
RIZED BY THE GOV	157,500 DATA IN THIS APPLICATED OF THE	ATION/PREAPPLICATI E APPLICANT AND TH	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
RIZED BY THE GOVERNMENT OF THE	157,500 DATA IN THIS APPLICATION OF THE ROED.	ATION/PREAPPLICATI	ON ARE TRUE AND CORRECT. THE	
	Ward C. Increase C ASSISTANCE NU Cities, Counties, State	3. DATE RECEIVED BY Interception 3. DATE RECEIVED BY A DATE RECEIVED BY Code): Code): Code): Continuation Revision Continuation Revi	June 8, 2004 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Organizational Unit: GOVERNMENTAL Name and telephone this application Pat Clark-G Pat Clark-G A. State B. County C. Municipal D. Township E. Interstate F. Inte	

APPLICATION FOR

ADDI ICATION FOR					Version 7/03
APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED June 8, 2004		Applicant Ide	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			tion identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	1	
Non-Construction	Non-Construction		-1	EPA Treckin	g # R) 03-342 ID# XP-97965301
5. APPLICANT INFORMATIO	N		Organizational Un	ie-	UP-VIII
Legal Name:			Department:	11.	
City of Whittler, CA	Ministrator la company de la c	1 50 5 5	Department of Pub	lc Works	
Organizational DUNS: 07 724 2279	n 6 6 6	J W B Inll	Division:		
Address:			Name and telepho	ne number of p	erson to be contacted on matters
Street: 13230 Penri Street	JUN 1 1	2004	Profix: Mr.	First Name: David	BB CCday
City: Whittier			Middle Name		
County: Los Angeles	STATE CLEAR	ING HOUSE	Last Name Mochizuki Suffix:		
State: CA	90602		Sullix.		
Country: USA	-		Emeil:		
6. EMPLOYER IDENTIFICAT	ON NUMBER (EIN):		Phone Number (glv	a area code)	Fax Number (give area code)
95-600081	2		(562) 464-3510		(562) 464-3588
8. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See be	ck of form for Application Types)
□ N		n Revision	C. Municipal		
If Revision, enter appropriate ((See back of form for description)	on of letters.)	[C]	Other (specify)		
Other (specify) Amendment #1		_	9. NAME OF FEDE Environmental Pro	tection Agency	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1		ICANT'S PROJECT:
		6 6 6 0 6	Server System Infr	astructure impro	vements - Replacement Pipelines,
TITLE (Name of Program): Surveys, Studies, Investigatio	ins & Special Purpose Gra		and Preparation of	a Sewer Maeter	Plan
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	s, States, etc.):			
City of Whittler, Los Angoles	County, CA				
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICT:	
Start Date:	Ending Date:	7	a, Applicant CA 42nd, 39th, and	1380	b. Project CA 39th
September 10, 2003 15, ESTIMATED FUNDING:	Septombor 30, 200	/			O REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	OCE887	
	\$	385,700	a. 185. EL AVAIL	ABLE TO THE S ESS FOR REVI	NIAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 TWON
b. Applicant	\$	315,573	}		
c. State	\$	1	DATE:		
d. Local	\$,00	D. NO. 11.1		OVERED BY E. O. 12372
e. Other	\$	<u>a</u>	'-' FOR F	EVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$. Du			ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	701,273	Yes If "Yes" att		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY THE	E GOVERNING BUDY OF	PLICATION/PREAPI THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			F		And the second s
Prefix Mr.	First Name Stephen		Mid W	dle Name	
Last Namo Holvey	· · ·)	Suf		The state of the s
b. Title City Manager	. 177		c. T	elephone Numbo 2) 464-3301	or (give area code)
d. Signature of Authorized Roy	prosoniative /	_		ato Signed	NAVVIeri (men)
	ール / メイ	→			

FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant lo	Versio dentifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED 6	SY STATE	04-314 State Appli	cation Identifier
Application	Pro-application	4 DATE DECEMEN			
Construction	Construction	4. DATE RECEIVED E	SY FEDERAL AC	SENCY Federal Ide	ntlfler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	14"			
Logal Name:			Organizatio	nal Unit;	Ale men
CITY OF ROSEVILLE			Dopartment: ENVIRONM	ENTAL UTILITIES	
Organizational DUNS: 076119643			DIVISION: WATER DIV		
Address:	TO EG	E D-W E F	n Name and to	dephone number of	person to be contacted on mate
Street: 2005 HILLTOP CIRCLE			inivolving th	is application (give a	rea code)
Oltv.	- <u> </u>	T 4 "4 "	Prefix: MR.	First Name: DERRICK	
City: ROSEVILLE	_	1 1 2004	Middle Name		,
County: PLACER			Last Name WHITEHEAD		11.00
State: CA	Zip Code 9574CTATE CI	EARING HOUS		(cr)	the last section of the section of t
Country: J.S.A.	1 8574STATE CL	<u> EAKING FIUU</u>	O.C. Email:		
D. S.A. B. EMPLOYER IDENTIFICATION	M NIIMAED (E(N))		dwhitehead@	groseville.ca.ue	
	• "		í	er (give area code)	Fax Number (give area code)
94_6 0 0 0 4 0 9			(916) 774-559		(916) 774-5890
P Nev	v	m □ Bautatau	//. TYPE OF	APPLICANT: (See be	ack of form for Application Types)
Revision, onter appropriate lett	er(s) in box(es)	n III Revision	G - MUNICIP.	ALITY	
ee back of form for description	of letters.)		Other (specify		
ther (apacify)			9. NAME OF	FEDERAL AGENCY:	
0. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	E NI IMPED.	U.S. EPA, REGION 9, CHERYL FILART 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
			1		NK REPLACEMENT PROJECT
ITLE (Name of Program):		6 6 6 6		SEVIELL VINTER TAI	W REFLACENIEM PROJECT
** **	O IFOT YOU'LL O	- III			
2. AREAS AFFECTED BY PRODUCT OF ROSEVILLE, CITY OF		, States, etc.);	1		
3. PROPOSED PROJECT	ROCKLIN		-		the commence of the second sec
tart Date:	Ending Date:	<u> </u>	a, Applicant	SSIONAL DISTRICTS	b, Project
CTOBER 1, 2004	JULY 1, 2006	, a	4TH DISTRIC		4TH DISTRICT
5. ESTIMATED FUNDING:			16, IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTI
Federal \$		337,500	La Ves ITA TI	IS PREAPPLICATIO	N/APPLICATION WAS MADE
Applicant \$	· //	III)		VAILABLE TO THE S ROCESS FOR REVIE	TATE EXECUTIVE ORDER 1237 W ON
State \$		27 6 ,136	n	ATE: JUNE 14, 2004	
l and		,	_	, , , , , , , , , , , , , , , , , , ,	
Local \$	1		b. No. I	ROGRAM IS NOT CO	VERED BY E. O. 12372
Other \$, bu			OT BEEN SELECTED BY STATE
Program Income \$.00		OR REVIEW PLICANT DELINGUE	NT ON ANY FEDERAL DEBT?
TOTAL		, III	 		
TO THE PERT OF MY KNOW	W EDGE AND DELIEF	613,636		" attech en explanatio	
. TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	NUTHORIZED BY THE C	OVERNING BODY OF	THE APPLICAN	APPLICATION ARE T AND THE APPLICA	ANT WILL COMPLY WITH THE
TACHED ASSURANCES IF T Authorized Representative	HE ASSISTANCE IS AV	VARDED.			
Authorized Representative	First Name W.	(Middle Name	LATEN LATEN
	vv.	100		CRAIG	1. (1. 4. 4.)
st Name DBINSON	\sim	~ King		Suffix	A.L.
TILL MANAGER	1/0			c. Telephone Number (916) 774-5353	(give area code)
Signature of Authorized Medica	antative C	woon		o. Date Signed	
<i>,,,</i>	/			6/10/04	

PPLICATION FOR					Version	7/03
EDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier	
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY		State Applicat		
Construction	Construction	4. DATE RECEIVED BY	EDERAL AGENC		•	
Non-Construction	Non-Construction			R9 Trac	king #04-137	
APPLICANT INFORMATION			Organizational Ur	nt: City_		
gel Name:				ublic Wo	rks	
city of Vallej	O		-			
ganizational DUNS: 145	969569	and the same of th	Division. E	ngineeri	ng orann to be contacted on matter a code) Gary	
idress:	CALLO	STATE ULEANING	Name and teleph	one number of pe olication (give are	is code) Decoursement on mark	013
reet:	LI JASMOH C	MIGVATIO	Prefix: Mr	First Name;	Carv	
55 Santa Clar	a Sureet	-	Middle Name		2.2	
Vallejo	$-\frac{1}{4}$		V 1 1	_A		
ounty:	- IInll	15	Last Name	_Leach		
Solano Ate: CA	ZIP Code 94590	0.51	Suffix:	Tructi.	•	
	1 945 910 3		Email: ~7 0 0 c	haai mal	lejo.ca.us	
ountry: ISA		UU U C	Phone Number (gi		Fax Number (give area code)	_
IS A EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		1		(707) 648-4691	
	Tax ID #		(707) 648		ck of form for Application Types	
TYPE OF APPLICATION:			1		K of fortil for Application 13549	,
Ne Revision, enter appropriats je	w Continuation	on 🔲 Revision	C. Mu	micipal		
se back of form for description	n of latters.)		Other (specify)			
ther (specify)		<u> </u>	9 NAME OF FEE Environ	ental Pr	otection Agency	7
, CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIV	E TITLE OF APPL	ICANT'S PROJECT;	
., •2,,220002		66.5106	Upgrade	& rehab	6 sewage pump	1
ITLE (Name of Program):			stations	s & reloc	ate less than	
	Do (BOD (Olling Assertion	or States at a VEOTINE	1	near feet	of 18" force	
AREAS AFFECTED BY P Mare Island Na	aval Shipyar	d, vallejo,	main on	Mare Isl	and for redevel	uses
S. PROPOSED PROJECT	olano, CA,	USA	a. Applicant	ONAL DISTRICTS	b, Project	450
tart Date: 10/1/04	Ending Date: 12/30/0	6	I CA Diante	rict 7	CA District	7
5. ESTIMATED FUNDING:	12/30/0		16. IS APPLICA	TION SUBJECT TO	O REVIEW BY STATE EXECU	TIVE
	€	10	ORDER 12372 P	DOUNDOI ICATIC	N/APPLICATION WAS MADE	
. Federal	\$3	37.500	AVA	ILABLE TO THE S	TATE EXECUTIVE ORDER 12	3/2
, Applicant	\$ 2	.76,136 "	PRO	CESS FOR REVIE	TAN OLA	
. State	\$	UD	DAT	E:		
, Local	\$	au .	D. NO. 11.4		OVERED BY E. O. 12372	
s, Other	\$	db .	T mori	PROGRAM HAS N	OT BEEN SELECTED BY STA	TE
	\$		17. IS THE APP	REVIEW	ENT ON ANY FEDERAL DEB	13
Program Income	4	Ĺ	-	attach an explanati	V—.	
TOTAL	f (13,636	CITES IT TES	BBLICATION ARE		
18, TO THE BEST OF MY KI OCUMENT HAS BEEN DUI TTACHED ASSURANCES	_Y AUTHORIZED DT IT	IE GOVEKNING DOD! OF	THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT. THE CANT WILL COMPLY WITH TH	IE .
. Authorized Representative			— IK	/iddle Name 1.7÷	lliam	
Prefix	First Name Otto	0		, W 1	TTTAM	
Last Name Giulian	í			Suffix		
	Cíty, Manage	er		Telephone Numb	er (give area code)	
	area de Catino			Date Diamon	548-4576	
d. Signature of Authorized Re	presentative			61	11/04	2-2003)



FTA

P.02/03

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

			JUN	10	2004	النسا
Recipient ID:	1697	L.J 6-14]		
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY FRANCISCO	OF SA	AN ATE CL	EAR	ING HC)USE
Project ID:	CA-03-0673-00	190' 1 2				•
Budget Number:	1 - Budget Pending Approval			4		
Project Information:	Muni's FY 2004 Section 5309 FG Grant]		-,•

Part 1: Recipient Information

Project Number:	CA-03-0673-00
Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Address:	401 VanNess Ave ROOM 334, SAN FRANCISCO, CA 94102 0000
Telephone:	(415) 554-4123
Facsimile:	(415) 987-7245

Union Information

Recipient ID:	1697
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave.
Address 2:	
City:	Washington, dc 20016 0000
Contact Name:	James La Sala
Telephone:	
Facsimile:	

Recipient ID:	1697
Union Name:	TRANSPORT WORKERS UNION
Address 1:	80 West End Ave.
Address 2:	
City:	New York, NY 10023 0000
Contact Name:	Frank McCann
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project	\$33,100,499
Project Number:	CA-03-0673-00	Cost:	***********
Project Description:	Muni's FY 2004 Section 5309	Adjustment Amt:	\$0
	FG Grant	Total Eligible Cost:	\$33,100,499
Recipient Type:	City	Total FTA Amt:	\$26,513,880
FTA Project Mgr:	Jeffrey Davis	Total State Amt:	\$0

Recipient Contact:	Jerry Levine
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20500
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2004 - Dec. 30, 2008
Recvd. By State:	May. 27, 2004
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 01, 2004
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Deling. Details:	

Total Local Amt:		19 ن,ن18 \$6,58
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final.Budget?:	No	

Urbanized Areas

UZA ID	UZA Name
60060	SAN FRANCISCOOAKLAND, CA

Congressional Districts

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos .

APPLICATION FOR					12.00	Version 7/03	
FEDERAL ASSISTANCE			DATE SUBMITTED			ing #04-338	
1. TYPE OF SUBMISSION Application	Pre-applicatio	1,70%	DATE RECEIVED BY	STATE	State Applicat	lon Identifler	
☑ Construction	Construct Non-Const	on 🦠	DATE RECEIVED BY	FEDERAL AGEN	Federal Identi	l le r	
Mon-Construction 8. APPLICANT INFORMATION		ruction (t	8				
Legal Name:	TOWN			Organizational L	init:		
CITY OF BELL			PUBLIC WORKS DEPARTMENT		DEPARIMENT		
Organizational DUNS: No.	09-599-6	328		Division:	٠ ٠		
Address:			ENED	Name and telephone number of person to be contacted a involving this application (give area code)			
Street:		154		Profit: First Name:			
6330 PINE AVEN	92	TUS	9 2004	Middle Name		CARLOS	
Chy: BELL		Jun		1			
County: LOS ANGELES		300	INCISE	Last Name ALV	ARADO		
State: CA	Zib Code S	TATE OF THE PARTY	EARING HOUSE	Suffix:			
Country: USA				Email: RSCCE	NGR@aol.com		
6. EMPLOYER IDENTIFICATION	in Number (E	IN):		Phone Number (g	(ve area code)	Fax Number (give area code)	
913-6000676	7			(626) 960		(626) 960-9002	
R TYPE OF APPLICATION		7.5		7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)	
Fi New ∠ ∏ Continuation		Revision	MUNICIPAL				
if Revision, enter appropriate latter(s) to box(cs) (See back of form for description of tellers)		6	Other (specify)				
Other (specify)			r U	9. NAME OF FEL	DERAL AGENCY:		
		A		U.S. ENVI	ROMMENTAL P	ROTECTION AGENCY	
10. CATALOG OF FEDERAL	DOMESTIC AS:	BISTANCE	37.	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
	i de la companya de Companya de la companya de la compa		ee-eoe	Box - CANADA DE CITADO DE LA CONTRACTOR			
TITLE (Name of Program):			BELL – SANITARY SEWER REHABILITA'I			VER REMABILITATION	
12 AREAS AFFECTED BY PR	OJEOT (Cities,	Countre	Glates, etc.):	PROJECT'.			
CITY OF BELL				44 00100500	IONAL DISTRICTS	OF.	
13 PROPOSED PROJECT	Ending Date			a Annilcant		b. Project	
MARCH 2005		JUNE	2005	33		33	
15, ESTIMATED FUNDING:		2.2			MACERIA	REVIEW BY STATE EXECUTIVE	
a. Federal			192,900,00	a. Yes. IX THIS	PREAPPLICATION	VIAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	e (1000) (44)		157,827.00	PRO	CESS FOR REVIE	MON	
o. State	(M)(C)(A)	1,000	W	DAT	E:		
	Special Control of the Control of th		DO	- PRO	GRAM IS NOT.CO	VERED BY E. O. 12372	
d. Local			Total Control of the	b. No. 111		OT BEEN SELECTED BY STATE	
e. Other				FOR	REVIEW		
f. Program Income	¥484.7			17. IS THE APP	LICANT DELINGUE	NT ON ANY FEDERAL DEBT?	
g TOTAL			350,727.00		attach en explanatio	·	
18. TO THE BEST OF MY RAN DOCUMENT HAS BEEN BULA ATTACHED ASSURANCES IF	MANTHORIZED	BY THUS	MINERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a: Authorized Representative	First Name			M	iddie Name		
		ROBE			Uffix		
Last Name RIZZO		~			Telephone Numbe	r (c(ve area code)	
	ISTRATIVE	OFFIC		·	<u>(323)588–6</u> 2	211	
d. Signature of Authorized Art					Date Signed	Standard Form 424 (Ray 9-2003	

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	B	DATE SUBMITTED		Appliquet Ide	ing #04-338
1. TYPE OF SUBMISSION	Pre-application	June 9 2004 A DATE RECEIVED BY	STATE	State Applicat	lon Identifier
☑ Construction	☐ Cometruction	A DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fler
Non-Construction	Non-Construction				
6. APPLICANT INFORMATION Legal Name:			Organizational Unit	· · · · · · · · · · · · · · · · · · ·	
CITY OF BELL		W	Department:		DEPARTMENT
Organizational DUNS: Nu.	09-599-632 8		Division:	IIIC WURKO	DEFARTMENT
Address:		MEIVED.	Name and telephone	a number of pe	man to be contacted on matters
Street:	$\sqrt{\Gamma}$	OLIVLD	Involving this applic	First Name:	a code)
6330 PINE AVEN	VE	9 2004		The Manie,	CARLOS
City: BELL		J 2004	Middle Name		
County: LOS ANGELES	CT.		Last Name ALVAR	ADO	
State: CA	Zip Code	REARING HOUSE	Suffix:	aby	** * * * * * * * * * * * * * * * * * *
County:	<u>90201</u> ±1	//4	Emell: Pocopies	no 1	
USA 8. EMPLOYER IDENTIFICATION	IN MIMBER (FINE		Phone Number (give a	Reaol.com	Fex Number (give area code)
95-6000676			(626) 960-18	,	(626) 960-9002
1 TYPE OF APPLICATION		Hr.	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
fr Ne		☐ Revision	MUNICIE		
If Revision, enter appropriate the (See back of form for description	bitio) in box(es)		Other (specify)	TEXAL	
	vi O				
Other (specify)		W.	9. NAME OF FEDER		ROTECTION AGENCY
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	HUMBER:	11. DESCRIPTIVE TI		
		66-606		; · ·	
TITLE (Name of Program):			BELL - SAN	TTARY SEV	ER REHABILITATION
12. AREAS AFFECTED BY PR	OJECT (Chies County)	Sistes, etc.):	PROJECT.		
CITY OF BELL					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	
Start Date: MARCII 2005	Ending Date:	2005	a. Applicant 33		b. Project 33
16. ESTIMATED FUNDING			18. IS APPLICATION ORDER 12972 PROC	i i	REVIEW BY STATE EXECUTIVE
a. Federal			THIS PR	EAPPLICATION	NAPPLICATION WAS MADE
b: Applicant		192,900,00	_ AVAILAE	ILE TO THE BT. S FOR REVIEV	ATE EXECUTIVE ORDER 12972 NON
⇔ State 5		157,827.00		June 9, 2	
		a u			
d. Local			10. No. 101	•	/ERED BY E. O. 12372
a Other		au A	OR PRO		T BEEN SELECTED BY STATE
f. Program Income	, i	w w	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g, YOTAL	30	350,727.00	Yes it "Yes" attact	h an axplanatior	n. X No
18. TO THE BEST OF MY KING	WLEDGE AND BELIEF			•	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	EXPERNING BODY OF	THE APPLICANT AND	THE APPLICA	INT WILL COMPLY WITH THE
a Authorized Representative		The Designation of the Control of th			
Prefix	First Name ROBE		Middle	Name	
Last Name RIZZO			Suffix		
D. TRIB CHIEF ADMEN	STRATIVE OF TE	iok		phone Number	
d. Signature of Authorized High				23)588-62 • Signed Turn	ie 9, 2004
		Part of the second	· .	Jun	10 7, 4UU4

FEDERAL A	SSIST	ANCE		1	N/A	A ."
1. TYPE OF SUBM			3. DATE RECEIVED B	Y STATE	State Applicant Identifier	
Application	.]	Preapplication	·		N/A	\
Construction		Canstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
☑ Nan-Constru	alen	Non-Construction			N	7/A.
5. APPLICANT INF						
Legal Name: West	Covina, C	City of	·	Organizational Unit:	Police Department	
Organizational DUN	is:	071914824		Division:	Admin.	
Address (give city,	county, star	e, and zip code);		Name and telephone	number of person to be contacted	on matters involving this
1444 Wes	it Garvey	Avenue		Application (give area		
West Cov	ina, CA	91790	The state of the s	Name: Alex Ho	uston	
		HECE	IVED	Phone: (626)93	9 - 8536	
6. EMPLOYER IDE	NTIFICATI	ON NUMBER (FIN).	9 2004	7. TYPE OF APPLIC	ANT: (anter appropriate letter is	box) C
	9560	00810 JUN		A. State	H. Independent School D	
B. TYPE OF APPLI	CATION		HOUSE	B. County		itution of Higher Leaming
B, TIPE OF APPLI	CATION:	STATECL	EARING HOUSE	C. Municipal D. Township	J. Private University K. Indian Tribe	
I	⊠ (New Continuation		E. Interstate	L. Individual	1
			 1	F. Intermunicipal	· · · · · · · · · · · · · · · · · · ·	
If Revision, enter ap A. Increase Awar			<u></u>	G. Special Distric	t N. Other (Specify)	
D. Decrease Dur		B. Decrease Award C Other (specify):	Increase Oumtion	9. NAME OF FEDER	AL ACENCY:	
• • • • • • • • • • • • • • • • • • •	4 (12),	Tirdi Topaciiy),	•		Department of Justice	,
				Office	of Community Oriented Poli	
10. CATALOG OF	PEDERALI	DOMESTIC ASSISTANCE	MI INCOME.	<u> </u>	ITLE OF APPLICANT'S PROJEC	
101 0217400			TOOIDER.	11. DESCRIPTIVE	TILE OF APPLICANT'S PROJEC	Т:
		1 6	7 1 0	Police Stat	tion Security Impr	nvements
TITLE: 2004 Te					in o dod, reg impr	o venicires
12 AREAS AFFECTE	D BY PROJE	ECT (cities, counties, states,	etaj;			
West Cov	ina, C	:A				
13. PROPOSED PI	ROJECT:	14. CONGRES	SSIONAL DISTRICTS OF	P:		
Start Date	Ending De	a. Applicant		h. Project		
1/23/2004	1/22/2	2005 21c4	((1)	21	(00)	
45 500444		31st	(CA)	31st (
18. ESTIMATED FI	INDING;	T		OBDED 444	ATION SUBJECT TO REVIEW BY	STATE EXECUTIVE
#Y LAGRIBI		5	197895.0)		·
b. Applicant			***	414	S PREAPPLICATION APPLICATI	
- Topic	•	3	٥.		AILABLE TO THESTATE EXECU OCESS FOR REVIEW ON:	TIVE ORDER 12372
o. State		s	0	0 DA	TE 6/9/2004	
d. Local		s ·	٥. ٠	b. NO. 🗆	PROGRAM IS NOT COVERED	BY E.O. 12372
a. Other		s	.0	• □	OR PROGRAM HAS NOT BEE	N SELECTED BY STATE
f. Program Income		\$.0			
g. TOTAL		\$.º 197,895		PLICANT DELINQUENT ON ANY If "Yes," attach an explanation,	FEDERAL DEBT?
18, TO THE BEST OF BY THE GOVERNING	MY KNOWL BODY OF TH	EDGE AND BELIEF, ALL DAT BE APPLICANT AND THE APP	A IN THIS APPLICATION P	REAPPLICATION ARE TRU THE ATTACHED ASSU	E AND CORRECT. THE DOCUMENT RANCES IF THE ASSISTANCE IS AWA	HAS BEEN DULY AUTHORIZED ROED.
a. Typed Name of A	uthodzed F	Representative	b. Title			c. Telephone number
Andrew G.		**************************************		<u>City Manager</u>	•	(626)939-8401
d. Signature of Auth	TORZER REP	orasantati vo.				e. Date Signed
Previous Editione Usable	المالا	Authorizad for Lo	est Panaduation	Standard Form 424	(PGL +co)	6/9/2004

P.02

APPLICATIO FEDERAL AS			2. DATE SUBMITTED 1 JUNE 4, 2004	Applicant identifier V-999252-05-0		
1. TYPE OF SUBMISSI	ON:		3. DATE RECEIVED BY STATE	State Application Identifier		
Application		Preapplication		Nate Application Identifier		
□ Construction ■ Non-Construction		□ Construction □ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFOR	MATION					
Legal Name: DEPART	MENT of TOXIC SU	BSTANCES CONTROL	Organizational Unit: SITE MITIGATION PROC	RAM		
Address (give city, county, state, and zip code): 1001 I STREET, 11th PLOOR P.O. BOX 806 SACRAMENTO, CALIFORNIA 95812-0806			Name and telephone number of the person to be contacted on matters involving this application (give area code) CAROL O'BRYANT (916) 323-3372			
6. Employer ident: 6 鉴 - Q	FICATION (EIN):		7. TYPE OF APPLICANT: (enter appropria A. State H. Independent t B. Country I. State Controlle C. Municipal J. Private Univer	School District ad Institution of Higher Learning		
8. TYPE OF APPLICATION: new X Continuation □ Revision If Revision, enter appropriate letter(s) in box(es): □ □ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organi G. Special District N. Other (Specif	zation		
			9. NAME OF FEDERAL AGENCY: REGION IX U.S. ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 8 02 TITLE: SUPERFUND STATE SITE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PRELIMINARY ASSESSMENT/SITE INSPECTION DINS#949010870			
12. AREAS AFFECTED BY PROJECT (CITIES, COUNT)ES, STATES, ETC) STATEWIDE CALIFORNIA		DUNS#949010870 EGEV JUN - 9 2004				
13. PROPOSED PROJE	CT:	14. CONGRESSIONAL DISTRICT OF:		TADIMO HOUS		
Siart Date	End Date	a. Applicant:	STA	ATE CLEARING HOUS		
07/01/2004	06/30/2006	DISTRICT 3 & 4 CALIFORNIA		STATEWIDE		
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIE'	W BY STATE EXECUTIVE ORDER		
a. Federal*		\$ 1,000,000	a, YES, THIS PREAPPLICATION/APPLIC	ATION WAS MADE AVAILABLE		
b. Applicant		\$	TO THE STATE EXECUTIVE ORDER I	2372 PROCESSES FOR REVIEW		
c. State		\$	DATE			
d. Local		\$	b. NO. PROGRAM IS NOT COVERED BY E	D. 12372		
e. Other		\$	D OR PROGRAM HAS NOT BEEN SEL			
f. Program Incom	ne	\$	17. IS THE APPLICANT DELINQUENT ON			
g. TOTAL		\$ 1,000,000	☐ Yes If "Yes" attach an explanat	ion. X No		
18. TO THE BE BEEN DULY			LICATION/PREAPPLICATION ARE TRUE AND COR T AND THE APPLICANT WILL COMPLY WITH THE			
a. Typed Name of Autho	rized Representative.	DOROTHY RICE	b. Title: DEPUTY DIRECTOR	c. Telephone No. (916) 323-3576		
d. Signature of Authorize	d Representative	S. RI		c. Date Signed		

APPLICATION FOR				·	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 9, 2004		Applicant Iden	lifier
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:			Department:		
March Joint Powers Authority Organizational DUNS:		······································	March Joint Powers A Division:	utnority	
799839428				number of pe	rson to be contacted on matters
Address: Street:			involving this applic	ation (give are	
P.O. Box 7480			Prefix: Ms.	First Name: Lori	
City: Moreno Valley			Middle Name M.		
County:			Last Name Stone		
Riverside State: CA	Zip Code 92552		Suffix:		
	92552		Email:		
Country: USA			stone@marchjpa.con		Esy Number (also area ando)
6. EMPLOYER IDENTIFICATIO	_		Phone Number (give a (909) 656-7000	rea code)	Fax Number (give area code) (909) 653-5558
3 3 - 0 5 7 9 3 5 9 8. TYPE OF APPLICATION:			1, ,	ANT: (See har	k of form for Application Types)
8. TYPE OF APPLICATION:	v Continuatio	n Revision	1	ANT. (OCC DAC	(of form for Application Types)
If Revision, enter appropriate lett	er(s) in box(es)	n n. Revision	C		
(See back of form for description	or letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER. Economic Developme		on
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI		
	• • •	1 1-3 0 7	Asbestos removal/dis		by building demolition to enable
TITLE (Name of Program):		learned frames to be sented territorial	economic developme	int of tormer min	italy base.
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	1		
Cities of Moreno Valley, Perris,	Riverside and County of	Riverside, California			
13. PROPOSED PROJECT				AL DISTRICTS	OF: Congressman Ken Calvert, 44
Start Date:	Ending Date:		a. Applicant March Joint Powers A		b. Project Arnold Heights
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		950,000	THIS PRI	EAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$			AVAILAD	S FOR REVIE	ATE EXECUTIVE ORDER 12372 NON
c. State \$		105,555	DATE: Ji	une 9, 2004	
			, pp.	,	/ERED BY E. O. 12372
d. Local \$			D. No. 11.1		
e. Other \$		•	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$. 00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,055,555	Yes If "Yes" attach	n an explanation	n. 😢 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	L PLICATION/PREAPPLI THE APPLICANT AND	CATION ARE THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative		WARDED.			
Prefix Mr.	First Name Philip		Middle A.	Name	
Last Name Rizzo		The state of the s	Suffix		
b. Title Executive Director) m			phone Number 656-7000	(give area code)
d. Signature of Authorized Repre	entative			\$ \$igned 8, 2004	
Previous Edition Usable	y a my	11111		p, 2004	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproducti	y OU	′ ЦЦ JUN -	- 9 2004 L		Prescribed by OMB Circular A-102
·					
		STATE CIE	ARING HOUSE	:	

APPLICATION FOR				I a - alfa a and Andrews	Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED 6/10/04		Applicant Ident	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier .
Application	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er
Construction Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	ON		Organizational Unit	-	
Legal Name: Merican Lung Asso	ociation of San	Diego and	Department:		
Imperial Count	ies		Division:		
±0±±07203	61169263)		San Diego Co	unty	rson to be contacted on matters.
Address:			involving this applic	cation (give area	a code)
2750 Fourth Avenu	je.		Prefix:	First Name:	
City: San Diego			Middle Name		
San Diego			Last Name Cortez		
County: San Diego	Tin Code				
State: CA	92103		M.P.H.		
Country United States				ngsandiego	
6. EMPLOYER IDENTIFICAT			Phone Number (give 619-297-3901		Fax Number (give area code) 619-297-8402
95-46462			1		
8. TYPE OF APPLICATION:			/ TYPE OF APPLIC	JANT: (See back	of form for Application Types)
$\mathbb{K}^{\mathbb{N}}$ If Revision, enter appropriate		on Revision		t-for-Pro	fit
(See back of form for descript			Other (specify)		
Other (specify)	. L		9. NAME OF FEDER	PACTOR Y	
10. CATALOG OF FEDERA	I DOMESTIC ASSISTAN	ICE NUMBER:			CANT'S PROJECT:
TU, CATALOG OF FEDERA	L DOMESTIC ACCIONAL				rk and Dump Site
TITLE (Name of Program):	nedscommental be	66-604	FILE CITY C		Research Project
12. AREAS AFFECTED BY				•	.wbdbii axi i xoʻj oʻ
		95, Glates, Clc.).			
San Diego Count 13. PROPOSED PROJECT	<u> </u>		14. CONGRESSION		OF:
Start Date: 7/1/04	Ending Date:	0/05	a. Applicant 49-5	2	b. Project 49th
15. ESTIMATED FUNDING:	0/2	00705	1		REVIEW BY STATE EXECUTIVE
a. Federal	\$ 10,000	no	ORDER 12372 PRO	REAPPLICATION	VAPPLICATION WAS MADE
	\$ 10,000	- W		BLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant	\$	00		λ	
c. State	\$			5/10/04	•
d. Local	\$	IID.	b. No. IT PROGR	AM IS NOT CO	/ERED BY E. O. 12372
e. Other	\$	III			T BEEN SELECTED BY STATE
f, Program Income	\$, ,00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL .	\$	40		,	· 1639
1 -	10,000		Yes If "Yes" atta		TRUE AND CORRECT. THE
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY TH	E GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name Janle		Midd	le Name	
Ms.	Jante		Suffi	X	
Last Name Davis					(Allia drop codo)
b. Title President &		TORAG	حصيب المسترس بسائلة المسائلة	ephone Number 9-297-390	(31.0) (10.000)
d, Signature of Authorized R	epresentative &	MADEGE		2778104	
Previous Edition Usable	relan	11031		/ /	Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-1
Authorized for Local Reprodu	Cuon		9 2004 1		. Todalida profila official 71
		bod bod	LUUT L		
	•	Ab. 2004			
		STATE CLEAT	RING HOUSE I		
		William of the second of the second of the second open second			

	_			OMB Approval No. 0348-0043			
APPLICATION FOI FEDERAL ASSIST		2. DATE SUBMITTED 4/15/04		Applicant Identifier 03-040			
1. TYPE OF SUBMISSION:		3, DATE RECEIVED BY STATE		State Application Identifier			
Application Pr	reapplication Construction Non-Construction	4. DATE RECEIVED BY FEDER	AL AGENCY	Federal Identifier			
5. APPLICANT INFORMATION				W. L. T. J. CDA			
Legal Name: Augustine Band	of Cahuilla Missio	n Indians	Organization	onal Unit: Tribal EPA telephone number of the person to be contacted on matters involving this			
Address (give city, county, state Augustine Indian Rese P.O. Box 846 Coachella, CA 92236	rvation	ins#	application (Karen Kı (760)365	Cupcha Ron Cordes / Tia S5-1373 369-171			
6, EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	114066975		OF APPLICANT: (enter appropriate letter In box) k			
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es);				A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning F. Indian Tribe L. Indian Tribe M. Profit Organization N. Other (specify)			
A, Increase Award D. Decrease Duration	B. Decrease Award Other (specify):	C. Increase duration		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency			
10. CATALOG OF FEDERAL TITLE: Clean Water 12. AREAS AFFECTED BY P	Act section 10	6 6 - 4 1 9	Augu	RIPTIVE TITLE OF APPLICANT'S PROJECT: ustine Band Of Cahuilla Mission Indians er Pollution Control Program (Section 106)			
Augustine Indian f Coachella, Riversi	Reservation ide County, Ca	lifornia	409	# = \$ 29.781			
13. PROPOSED PROJECT:	- Assilasmi	ESSIONAL DISTRICTS OF:	lb. Pro	rolect			
Start Date: Ending Date 10/01/04 09/30/08	· 4		44	144 IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
15. ESTIMATED FUNDING:		^^ ^^		ORDER 12372 PROCESS?			
a. Federal	\$	60,000.00					
b. Applicant 5 %	\$	3,158.00	В.	B. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON:			
c. State	s ME	GEIVE N		DATE 6/7/64			
d. Local		JUN 8 2004 LL	b.	NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR			
e. Other	s U '	11.00	d	REVIEW			
f. Program Income	STATE	CLEARING HOUSE	17.	IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation, No			
g. TOTAL 18. TO THE BEST OF MY BEEN DULY AUTHORIZED THE ASSISTANCE IS AWAR	BY THE GOVERN	63,158.00 BELIEF, ALL DATA IN THIS APP ING BODY OF THE APPLICANT	SUGATION (DE	PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF			
a. Typed Name of Authorized MaryAnn Martin	Representative:	b. Title: Triba	al Chairpe	c. Telephone Number: (760)369-7171			
d. Signature of Authorized Re	presentative:	MAN		PECEIVED e. Date, Signed: Standard Form 424 (REV 4-9)			
Previous Edition Usable Authorized for Local Reproduc	tion			APR 1 9 2004 Standard Form 424 (REV 4-9 Prescribed by OMB Circular A-10			

APPLICATION FOR		. DATE SUBMITTED	· · ·	I Anadiana da Isla	Version 7/03
FEDERAL ASSISTA		June 2, 2004		Applicant Ide	
1. TYPE OF SUBMISSION Application	N: Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ident	tifier
Non-Construction	Non-Construction				
5. APPLICANTUNE RMA	TION				
Legal Name:			Organizational Unit	•	
San Diego Youth & Comm	nunity Services		Coastal Communities	s Center	
Organizational DUNS: 11-386-7105			Division:		
Address: Street:			Name and telephon involving this applie		erson to be contacted on matters
3255 Wing Street			Prefix:	First Name:	sa code)
City:			Mr. Middle Name	Walter	
City: San Diego					
County: San Diego			Last Name Philips		THE MAN THE SAME A
State: CA	Zip Code 92110		Suffix: LCSW		
Country: United States			Email: wphilips@sdycs.org		
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
95-26480	50		619 221-8600 x225		619 221-8611
8. TYPE OF APPLICATIO	Irmul Irmul	·	7. TYPE OF APPLIC	ANT: (See bac	ck of form for Application Types)
	New Continuation	n 🖟 Revision	0 - Not-for-Profit orga	nization	
If Revision, enter appropria (See back of form for descr	iption of letters.)		Other (specify)		
Other (specify)	Ц		O NAME OF FEDER	AL ACENCY.	
Other (specify)			9. NAME OF FEDER. DHHS/Adm for Childr		
10. CATALOG OF FEDER	RAL DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:
		93-571	Community Food & N	lutrition Prograr	n [
TITLE (Name of Program): Community Food & Nutrition	on Program				
	Y PROJECT (Cities, Counties,	States, etc.):	1		*·
City of San Diego					
13. PROPOSED PROJEC			14. CONGRESSION	AL DISTRICTS	
Start Date: 10/1/2004	Ending Date: 9/30/2005		a. Applicant 53		b. Project 53
15. ESTIMATED FUNDING				SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PROC	ESS?	I/APPLICATION WAS MADE
		50,000	7 4441546	LE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant	5	•	PROCES	S FOR REVIEV	VON
c. State	4ECFIVED	. 00	DATE:		
d. Local	\$ 1111 0 2004	00	b. No. I PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other	\$ JUN 8 2004	.00	OR PROC	GRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income	STATE CLEARING HOUS	SE	17. IS THE APPLICAL		NT ON ANY FEDERAL DEBT?
g. TOTAL	STATE CLEMBING HOUS	50,000	Yes If "Yes" attach	an explanation	. 12 No
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF,	ALL DATA IN THIS API	PLICATION/PREAPPLIC	CATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN D	ULY AUTHORIZED BY THE G S IF THE ASSISTANCE IS AV	SOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a Authorized Penrecentation	/e				
Prefix Mr.	First Name Walter		Middle	Name	
Last Name Philips			Suffix	LCSW	
o. Title Executive Director/C	EO		c. Teler	ohone Number (221 8600 x225	(give area code)
I. Signature of Authorized R		lik	e. Date		

APPLICATION FOR	₹	2. DATE SU	BMITTED	٠.	\pplicant Identifier	LCR No.: 2004-05	
FEDERAL ASSIST	ANCE		April 2	2, 2004			
1. TYPE OF SUBMISSIO	N Preapplication	3. DATE RE	CEIVED BY STATE		State Application Ide	ntifier	
◆ Construction □ Non-Construction	□ Construction □ Non-Construction	4. DATE RE AGENCY	CEIVED BY FEDERA	AL	Federal Identifier		
5. APPLICANT INFORMATION Legal Name: RICHGROVE C	ON OMMUNITY SERVICES DISTR	RICT	Organizational Uni				
Address (give city , county, St			Name and telephor		cial District of person to be contact	ed on matters	
20986 Grove Drive P.O. Box 86 Richgrove CA. 93261			involving this application (give area code) WILLIAM HAYTER, PROJECT COORDINATOR Tulare County Redevelopment Agency TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591				
6. EMPLOYER IDENTIFICAT			7. TYPE OF APPL	.ICANT: (er	nter appropriate letter in	box) G.	
8. TYPE OF APPLICATION:			A. State B. County		dependent School Dist. ate Controlled Institutio		
♦ New ☐ Continuat	ion Revision		C. Municipal	J. Pri	ivate University	n of higher Learning	
If Revision, enter appropriate	etter(s) in box(s)		D. Township E. Interstate		dlan Tribe dividual		
			F. Intermunicipal	M. Pr	ofit Organization		
	Decrease Award C. Increase of (specify):	se Duration	G. Special District	N. Ot	her (Specify)	Mark Market Control of the Control o	
D. Decrease Duration Other	эт (врасну).						
			9. NAME OF FE		ENCY: AGRICULTURE		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVI	TITLE OF	APPLICANT'S PROJ		
	1 0 - 7 6 0	-	Storm Water Di	rainage a	<u>nd Air Quality Proj</u> of concrete curbs, gu	ect: This project	
TITLE: WATER AND WAS RURAL COMMUNI	FE DISPOSAL SYSTEMS FOR TIES				d retention basins ne		
40 ADEAC AFFECTED BY	PROJECT (Cities, Counties, Sta	ton oto \:	a complete	atarm wat	or rupoff collection s	and disposal facility	
RICHGROVE, CA	•		Community-wide storm water runoff collection and disposal facility to reduce health and safety hazards and local flooding in winter and dust mitigation in summer.				
13. PROPOSED PROJECT STORMWATER DRAINAGE A RELATED IMPROVEMENTS	AND DEVIN NUNES, 21st	AL DISTRICTS DISTRICT	3 OF:				
Start Date Ending Da 9/2005 9/2006	ate a. Applicant RICHGROVE COMM	IUNITY SERVI	b. Project CES DISTRICT RICHGROVE STORMWATER DRAINAGE and AIR QUALITY PROJECT				
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237 PROCESS?				
a. Federal RUS	\$	2,760,059	TO THE STAT	TE EXECUT	N/ APPLICATION WA FIVE ORDER 12372 PI		
b. Applicant	\$	Microsco.	FOR REVIEW ON: DATE: April, 22, 2004				
c. State - Comm. Dev. Block	RECEIVED	35,000	4		T COVERED BY E.O.		
d. Local - TCRA	JUN 8 2004	534,293		GRAM HAS FOR REVIE	NOT BEEN SELECTE W	ED BY	
e. Other (CMAQ)	\$	2,382,532					
	STATE GLEARING HOUS	•	17. IS THE APPL	ICANT DEL	INQUENT ON ANY F	DERAL DEBT?	
g. TOTAL		5,701,884	Yes If "Yes,"			♦No	
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	NOWLEDGE AND BELIEF, ALI Y AUTHORIZED BY THE GOV F THE ASSISTANCE IS AWAR	ERNING BOD		ANT AND T	HE APPLICANT WILL		
	Representative b. Title Mary Lou Delgado		Presid		elephone Number	(661) 725-5632	
d. Signature of Authorized	Sela all			e.	Date Signed	April 21, 2004	
Previous Edition Usable Authorized for Local Reproduc	etion Page					d Form 424 (Rev.7-97) by OMB Circular A-102	

OMB Approval NO. 0348-0043

FEDERAL ASSISTANC		2. DATE SUBMITTED April 6, 2004)	Applicant Id	Version 7 entifier
1. TYPE OF SUBMISSION:	Dro conflicti	3. DATE RECEIVED	BY STATE	State Applic	ation Identifier
Application Construction	Pre-application Construction	4. DATE RECEIVED	BY FEDERAL AGE	NCY Federal Ider	tifice
Non-Construction	Non-Construction			rederar ider	iuliei
5. APPLICANT INFORMATIO	N Non-Construction				
Legal Name:			Organizationa	l Unit:	
Earlimart Village Partners, a C	alifornia Limited Partnersl	hip	Department: Multi-Family Ho	ousina	
Organizational DUNS: 056179906 for Self-Help Enter	prises General Partner		Division: Visalia		
Address:	priced; Contrain artife;			phone number of n	erson to be contacted on matter
Street:			involving this	application (give ar	ea code)
3445 W. Elowin Court, P.O. Bo	x 6520, 93290		Prefix: Mr.	First Name: Doug	
City: Visalia			Middle Name	1 3	
County: Fulare		·	Last Name		
State: California	Zip Code		Pingel Suffix:		
California Country:	93290				
Jnited States of America			Email: dougp@selfhel	penterprises.org	
EMPLOYER IDENTIFICATION			Phone Number	(give area code)	Fax Number (give area code)
9 4 -1 5 9 2 6 7 6	for Self-Help	Enterprises	559.651.1000 E	xt. 651	559.651.3634
TYPE OF APPLICATION:	General Partn		7. TYPE OF AP	PLICANT: (See bad	ck of form for Application Types)
Nev Revision, enter appropriate let	w Continuation	ı □ Revision	N. Limited Partr		• • • • • • • • • • • • • • • • • • • •
see back of form for description	of letters.)	[]	Other (specify)	·	
other (specify)			O NAME OF TH	DEDAL ADMILES	
	•		USDA, Rural Ho	DERAL AGENCY: using Services	
0. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	E NUMBER:			CANT'S PROJECT:
		10-515	Construction of a facilities.	a 44-unit rental proje	ct with community room and
ITLE (Name of Program): ection 515, Rural Rental Hous	ing Loan Program		racinues.		
2. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):	-		
ommunity of Earlimart, County	of Tulare, California				
B. PROPOSED PROJECT	1 == 1:		14. CONGRESS	ONAL DISTRICTS	OF:
art Date: ec. 1, 2004	Ending Date: Dec. 1, 2005		a. Applicant 21		b. Project
. ESTIMATED FUNDING:	<u> </u>		1	TION SUBJECT TO	21 REVIEW BY STATE EXECUTIVE
Federal \$	The second secon	7, 00	- IURDER 12372 PI	3UUE663	
SDA, RD 515	CEWED.	1,000,000	a. Yes. 🖸 AVAI	LABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
Applicant	ULIVE	450,000	PRO	CESS FOR REVIEW	/ ON
State \$ tate of Calif. HCD HOME	UN 8 2004	921,660	DATE	: April 15, 2004	
Local \$	ON 0 2001	921,000	- PRO	SPAMIS NOT COVI	ERED BY E. O. 12372
Other		. 00			4
tate and Fed. Tax ClediteA E	CLEARING HOUSE	5,531,340	FOR	REVIEW	BEEN SELECTED BY STATE
Program Income \$		UU	17. IS THE APPL	CANT DELINQUEN	IT ON ANY FEDERAL DEBT?
TOTAL \$		7.002.000	+		
1 .	VLEDGE AND BELIEF. A	7,903,000 THIS APE	LICATIONICS	tach an explanation.	
TO THE BEST OF MY KNOW		PAIA II IIIO AFF	THE APPLICANT A	PLICATION ARE T ND THE APPLICAN	TUE AND CORRECT. THE
					WELL COMMENT MITH INC
ACHED ASSURANCES IF T				***	
TO THE BEST OF MY KNOV CUMENT HAS BEEN DULY A FACHED ASSURANCES IF TI Authorized Representative offix	HE ASSISTANCE IS AWA		Mic	Idle Name	
FACHED ASSURANCES IF TO Authorized Representative offix	HE ASSISTANCE IS AWA		Mic N.	ldle Name	
TACHED ASSURANCES IF TI Authorized Representative offix st Name	HE ASSISTANCE IS AWA		Mic N. Suf	idle Name fix	
Authorized Representative offix st Name rey litle esident / CEO, Self-Help Enterp	HE ASSISTANCE IS AWA	ARDED.	Mic N. Suf c. T	ldle Name fix elephone Number (c	give area code)
TACHED ASSURANCES IF TI Authorized Representative offix st Name	HE ASSISTANCE IS AWA	ARDED.	Mic N. Suf c. T ers 559	idle Name fix	give area code)

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE			evised May 26, 200	Applicant Iden 4)	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Applicati	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:		• •	Organizational	Init	
			Organizational I Department:		
City of Watsonville Organizational DUNS:		The Control of the Co	Airports Division:	S	
030414994					
Address: Street:				hone number of per oplication (give are	rson to be contacted on matters a code)
100 Aviation Way			Prefix:	First Name: Donald	
City: Watsonville		V-9811	Middle Name E.	Donaid	
County: Santa Cruz			Last Name French		
State:	Zip Code 95076		Suffix:		
California Country:	95076		Email:		
USA	AL AILIBADED /EIA/A.		dfrench@d	ci.watsonville.ca.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g	give area code)	Fax Number (give area code)
9 4 6 0 0 0 4 5 1 8. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·		ULCANT: (See heel	(831) 763-4058 c of form for Application Types)
8. TIPE OF APPLICATION.	Continuatio	n 🗷 Revision		CICANT: (See back	(or form for Application Types)
If Revision, enter appropriate lette	er(s) in box(es)	ii 🚒 Kevisioii	C. Municipal		
(See back of form for description	of letters.)		Other (specify)		
Other (specify) Revise Scope of Work	-			DERAL AGENCY: on Administration	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
		20-106	Watsonville Mun California	icipal Airport, Watsor	nville, Santa Cruz County,
TITLE (Name of Program): Airport Improvement Progra	am		Relocate Ad	cess Road (60' x 1,8	300')
12. AREAS AFFECTED BY PRO		, States, etc.):			Threshold Runway 20 allel T/W to R/W 8-26; T/W J from
City of Watsonville, California				to R/W 8; Rehabilita	
13. PROPOSED PROJECT	Tadina Data:			ONAL DISTRICTS	
Start Date: 2004	Ending Date: 2004		a. Applicant	7	b. Project 17
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		4 200 500		PREAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		1,396,500	AVAI	LABLE TO THE STA	ATE EXECUTIVE ORDER 12372
• •		73,500			
c. State \$	SEIVED)		DATE	E: May 30, 2004	
d. Local	ECEIVED	.00	b. No. 🏥 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$	IIIN 8 2004	.00			T BEEN SELECTED BY STATE
f. Program Income \$	JUN 8 2004	.00		REVIEW LICANT DELINQUEN	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	TE CLEARING HO	USE 170,000 .00	☐ Yes If "Yes" a	ttach an explanation	. 🗷 No
18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	, ALL DATA IN THIS API	PLICATION/PREAF	PLICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF T			THE AFFEIGANT	AND THE AFFEICA	WI WILL COMPLI WITH THE
a. Authorized Representative Prefix	First Name		lMi	ddle Name	
Prefix Mr.	First Name Donald		E		
Last Name French				ıffix	
b. Title Airport Manager			(8	Telephone Number (31) 728-6075	(give area code)
d. Signature of Authorized Repres	sentative		e.	Date Signed 5-2	1804
Previous Edition Usable Authorized for Local Reproduction	1				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

		• •				
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03	
	_	June 2, 2004	OTATE	State Applicat	on Idontifior	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	SIAIE	State Applicat	on identifier	
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	<u> </u>		
Fresno County Economic Opportunities Commission (FCEOC)			Department: Sanctuary Youth Proj	ect		
Organizational DUNS: 07-878-8023			Division: Same			
Address:					rson to be contacted on matters	
Street: 1920 Mariposa Mall, Suite 300			involving this applic Prefix:	ation (give are First Name:	a code)	
•			Mrs.	Lucianna		
City: Fresno			Middle Name			
County: Fresno			Last Name Ventresca			
State: California	Zip Code 93721		Suffix:			
Country: U.S.A.	93721		Email: Lucianna.Ventresca@	Ofresnoeoc.org		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
94-1606519	1		(559) 498-8543, ext. 1	(559) 498-8519		
8. TYPE OF APPLICATION:	J		7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
✓ Nev		on Revision	O. Not for Profit Orga	nization		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)			
Coce back or form for description						
Other (specify)			9. NAME OF FEDERA US Department of He	AL AGENCY: alth & Human S	ervices, ACF, OCS	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
		9 3-5 7 1	FCEOC Sanctuary			
TITLE (Name of Program):			Community Food & Nutrition Program			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):				
Fresno City and Fresno County						
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	DF: b. Project	
Start Date: September 30, 2004	Ending Date: September 29, 2005	5	a. Applicant 20		18, 19, 20, 21	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE	
a. Federal \$		50,000	THIS PRE	APPLICATION	APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$				S FOR REVIEW	ON	
c. State \$	- NIE	-00		ıne 3, 2004	Ą.	
d. Local \$	ECE	2004	D. NO. 11 1		ERED BY E. O. 12372	
e. Other \$	HECEIVE JUN 8	700			F BEEN SELECTED BY STATE	
f. Program Income \$ g. TOTAL \$ 18. TO THE BEST OF MY KNO	1 30.	MG HOUSE.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	ATE OLEAF	50,000	Yes If "Yes" attach	an explanation	. PNo	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPLIC THE APPLICANT AND	CATION ARE T THE APPLICAL	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative						
Prefix Mr.	First Name Roger		Middle	Name		

Domino

Previous Edition Usable

b. Title FCEOC Executive Director

Last Name Palomino

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d. Signature of Authorized Representative

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e. Date Signed June 1, 2004

c. Telephone Number (give area code) (559) 263-1010

Suffix

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED March 29, 2004		Applicant Iden	tifier Version 7/03
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	on Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
City of Lindsay	•	•	Department:	e e e e e e e e e e e e e e e e e e e	
Organizational DUNS:			Division:		
004953261			Name and tele	phone number of ne	rson to be contacted on matters
Address: Street:	,		involving this	application (give are	
251 É. Honolulu	* **		Prefix:	First Name: Scot	
City: Lindsay		₩.,	Middle Name B.		
County:		· .	Last Name Townsend		and the same of th
State: CA	Zip Code 93247		Suffix:		
	93247		Email:		
County: USA 6. EMPLOYER IDENTIFICATION	N NUMBER (FINI)		Scotbtownsend Phone Number		Fax Number (give area code)
			559-562-7103	(9,10 2.02 0.00)	559-562-7100
94-6000357 8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	of form for Application Types)
₹ Nev	v Continuatio	n T Revision	C - Municipal	* *	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	•	
			9 NAME OF FE	DERAL AGENCY:	
Other (specify)			USDA Rural De	velopment	and the second s
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC		1	VE TITLE OF APPLIC pia, Lindsay, CA - AF	the second secon
TITLE (Name of Program):		10-769	Required off-sit development.	e improvements to as	sist in business property
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Lindsay, Tulare County, Californ	ila, USA				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	DF: b. Project
Oct. 2004	Feb. 2005		21		21
15. ESTIMATED FUNDING:			ORDER 12372 F	ROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		44,266			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant\$_	SEIVED	15,500	PRO	OCESS FOR REVIEW	/ ON
c. State	JEIVLU	20	DAT	re: 3/29/04	
d Local S	UN 8 2004	- 50	b. No. M PRO	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$	OIV	20			F BEEN SELECTED BY STATE
f. Program Income	CLEARING HOUS	E	17. IS THE APP	R REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL STATE	CLEPHINIO	59,766	Yes If "Yes"	attach an explanation	. 💆 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS APP	LICATION/PREA	PPLICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE THE ASSISTANCE IS A	GOVERNING BODY OF T WARDED.	THE APPLICANT	AND THE APPLICA	NI WILL COMPLY WITH THE
a. Authorized Representative			- IA	liddle Name	
Prefix	First Name Scot	<u> </u>		В.	
Last Name Townsend			}	Suffix	
b. Title City Manager		·		. Telephone Number (559-562-7103	give area code)
d. Signature of Authorized Repre	sentative			Date Signed March 26, 2004	
Previous Baltion Usable	27				Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	n —				Prescribed by OMB Circular A-102

, t wi				OMB Approval NO. 0348-0043			
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier LCR No.: 2004-06			
FEDERAL ASSISTANCE		April 22, 2004		2, 2004 j			
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RE	ECEIVED BY STATE	State Application Identifier			
◆ Construction □ Non-Construction	☐ Construction☐ Non-Construction	4. DATE RE	CEIVED BY FEDERA	L Federal Identifier			
5. APPLICANT INFORMATION							
Legal Name: RICHGROVE CO	MMUNITY SERVICES DISTI	RICT	Organizational Unit	: SPECIAL DISTRICT			
Address (give city, county, State 20986 Grove Drive P.O. Box 86 Richgrove CA. 93261	e, and zip code):	,	involving this applic WILLIAM HAYTER Tulare County Red	ne number of person to be contacted on matters ation (give area code) , PROJECT COORDINATOR evelopment Agency 33-6291 EXT. 4302 FAX: (559)-730-2591			
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPL	ICANT: (enter appropriate letter in box)			
9 4 - 2 8 0 1	490.		A State	G.			
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(s) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special N. Other (Specify) District				
			9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6. TITLE: COMMUNITY FACILITES LOANS AND GRANTS 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Richgrove, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Richgrove Phase 2 Storm Water, Air Quality & Recreation Project: This project concerns the construction of all weather safe access from residential areas to elementary schools and bus stops, mitigation of road side dust (PM10) and provides for development of a community recreational facility within the storm water ponding basin proposed for funding under the USDA-RUS program and a Congestion Management & Air Quality grant.				
13. PROPOSED PROJECT STORMWATER DRAINAGE AN RELATED IMPROVEMENTS	D DEVIN NUNES, 21st		S OF:				
Start Date Ending Date 9/2005 9/2006	a. Applicant RICHGROVE COMM	MUNITY SERVI	CES DISTRICT	b. Project RICHGROVE STORMWATER, AIR QUALITY & RECREATION PROJECT			
15. ESTIMATED FUNDING:			16. IS APPLICATI ORDER 1237	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?			
a. Federal	\$	372,538 0		REAPPLICATION/ APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12372 PROCESS			
b. Applicant	FIVED	U	DATE April				
d. Local - TCRA JU	N 85 2004	10,500		AM IS NOT COVERED BY E.O. 12372 GRAM HAS NOT BEEN SELECTED BY			
	\ \ \	781,525	STATE F	OR REVIEW			
f. Program Income STATE	SLEARING HOUSE	0	17. IS THE APPLI	CANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	1,164,463	Yes If "Yes,"	attach an explanation ♦No			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAR	ERNING BOD		APPLICATION ARE TRUE AND CORRECT, THE NT AND THE APPLICANT WILL COMPLY WITH THE			
7.1	presentative b. Title try Lou Delgado		Presid				
d. Signature of Authorized	stelledo			e. Date Signed . April 21, 2004			
Previous Edition Usable Authorized fo Local Reproduction	on O			Standard Form 424 (Rev.7-97) Prescribed by OMB Circular A-102			

FEDERAL ASSIS I A	NCE	2 DATE SUBM			Applicant transition		
•	,		9, 2004 Appl	27/04	FY 2004 SP&R Partnership Planning State Applicant Identifier		
1 TYPE OF SUBMISSION:		3. DATE RECE	IVED BY STATE		State Applicant Identifier		
<u>Application</u>	Preapplication				94-6001344-C		
Construction	Construction	4. DATE RECE	IVED BY FEDERAL AC	SENCY	Federal Identifier		
X Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	V						
Legal Name:			Organizational Unit:				
California Department o	of Transportation		Division of Tra	nsportati	on Planning		
Address (give city, county, State	le, and zip code):				person to be contacted on matters involving		
P. O Box 942874, MS - 3	32		this application (give a				
Sacramento, CA 94274-0001			Office of Regional and Interagency Planning Transportation Planning. (916) 653-9362				
Sacramento County							
6. EMPLOYER IDENTIFICATI		7. TYPE OF APPLICANT: (enter appropriate letter in box)					
94-6001	3 4 7		A. State H. Independent School Dist. B. County C. Municipal D. Township E. Interstate J. Private University E. Individual				
8. TYPE OF APPLICATION:							
New X	Continuation Revision	n					
W.Davidalan and a second at all	ottor(e) in boy(ne)	- 7	E. Interstate F. Intermunicipal		Organization		
If Revision, enter appropriate le	ener(s) in box(es)		G. Special District N. Other (Specify)				
	ocrease Award C. Increase D	Duration	9. NAME OF FEDERAL AGENCY:				
D. Decrease Duration Other	r (specify):		Department of Transportation				
·			Federal Highway Administration, Region IX				
	—	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N						
	2 0 -	5 1 5	FY 2004/05 Fee	derai Plar	nning & Research Funds		
TITLE: State Planning	and Research Program		\$1,000,000.00	in FHWA	SP&R Funds (Estimate)		
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties, St	lates, etc.):	7				
State of California							
13. PROPOSED PROJECT:	14. CONGRESSIONAL	DISTRICTS OF:					
FY 2004 OWP Program	California	Statewide					
Start Date Ending Date	a. Applicant		b. Project	!_ a n	Jacobsk Chadles		
July 1, 2004 June 30, 200	Statewide		Statewide Plan	nning & H	esearch Studies TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 PF		TO REVIEW BY STATE EXCOUNT		
a. Federal	Te .	.00	ONDER 1237211	IGOLOG			
a. Poderai	1,000,000		a. YES, THIS PE	REAPPLICA	ATION/APPLICATION WAS MADE		
b. Applicant	- S.F. N	.00	AVAILAB	LE TO THE	STATE EXECUTIVE ORDER 12972		
EC	EINED		PROCES	S FOR RE	VIEW ON:		
c. State	\$ 2004	.00	DATE	April 9,	. 2004		
d. Local JUN	\ + ₂ - \	.00					
	250,000				NOT COVERED BY E. O. 12372		
e. Other STATE C	LEARING HOUSE 400	.00	·	PROGRAM I REVIEW	HAS NOT BEEN SELECTED BY STATE		
1. Program Income	\$.00	17. IS THE APPLICA	NT DELING	QUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$.00	1				
	1,250,000	·	Yes If "Yes."				
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE GO	OVERNING BODY	APPLICATION/PREAP OF THE APPLICANT	AND THE	N ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH		
THE ATTACHED ASSURANCE	ES IF THE ASSISTANCE IS	AWARDED.			c. Telephone Number		
a. Type Name of Authorized	Hepresentative b.		TERAGENCY PLAN		(916) 654-2389		
d. Signature of Authorized Re	presentative	AND IN	TERAGENCT PLAN	HING	e. Date Signed		
STILL STILL		_			April 9, 2004		
Pravious Eddon Unable	178112X				Standard Form 424 (Rev. 7-9		

APR-15-2004 1:		EPT. OF	TRANS.	TOWN STY HUH America	<i>∵∞</i> 099 ''•	16 653 1447 P.UB/UB		
FEDERAL ASSISTAN		100		1111日日 / #30/		H. 53, Sections 5303 and 5313(b)		
•			DATE RECEIVI	, 2004 100	S	ate Applicant Identifier		
TYPE OF SUBMISSION:	m	3.	DATE RECEIVE	ED U1 GIMIN				
Application	Preapplication Construction					94-8001344-C		
Construction	L Construction	4.	DATE RECEIV	ED BY FEDERAL AGENCY	F	ederal Identifier		
X Non-Construction	Non-Construction	on						
5. APPLICANT INFORMATION				Örganizational Unit:				
Legal Name:			ľ	Division of Transport	ation	Planning		
California Department of	Transportation			Division of Transport	of nem	on to be contacted on matters involving		
Address (give city, county, State,				this application (give area cod		Sharon Scherzinger, Chief		
P. O Box 942874, MS - 32								
Sacramento, CA 94274-0001				Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362				
Sacramento County				Transportation Plant	my.	propriete letter in hor)		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		ſ	7. TYPE OF APPLICANT: (enter appropriate letter in box)				
94-60013	4 7			A Lindapandont School Dint				
	# 1444 1444 1444 1444 1444 1444 1444 14			A. State H. Independent School Dist. B. County I. State controlled Institution of Higher Learning				
8. TYPE OF APPLICATION:						niversity		
□ No N C	entinuation R	noisivel			dian Tri			
New X Co	AMINIATOR L				lividual	and and an		
If Revision, enter appropriate let	ter(s) In box(es)			F. Intermunicipal M. Profit Organization				
				G. Special District N. Ott	ner (Sp	ecity)		
	crease Award C. Incre	ease Dura	uon	9. NAME OF FEDERAL AGE	NCY:			
D. Decrease Duration Other	(specity):			Department of Transportation Federal Transit Administration, Region IX				
	4							
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	NCE NUM	BER:	11. DESCRIPTIVE TITLE OF	APPL	CANTS PROJECT.		
				FY 2004 49 U.S.C., C	hantei	53. Section 5303		
		0 - 5	1 4			gram - \$9,668,139 (Estimate)		
TITLE: Transit Plannin	g and Research			FY 2004 49 U.S.C. Ch				
12 AREAS AFFECTED BY PR	OJECT (Cities, Count	ties, States	s, etc.):	PY 2004 49 U.S.C. CI	coarci	Program - \$1,940,124 (Estimate)		
State of California				State Planning & No.	3cai ci	Triogram Cijo toji e i (Leaning)		
13. PROPOSED PROJECT:	14. CONGRESSIO							
FY 2004 OWP Program	Califo	ornia Sta	tawide					
Start Date Ending Date	a. Applicant			b. Project	!-	•		
July 1, 2004 June 30, 2005	Statewide		4	Statewide Transit Planning 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
15. ESTIMATED FUNDING:				ORDER 12372 PROCESS		The vice of the control of the contr		
			.00	UNDER 12372 PROCES	J			
a. Federal	\$.00	VEC THIS PREAPPI	LICATIO	ON/APPLICATION WAS MADE		
	11,80	08,263	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
b. Applicant	an I		.00					
c. State HECEN			.00					
V. Sidio	2401			DATE Apr	ril 9, 2	004		
d. Local JUN 7	4 484		.00		10 110	T COVERED BY E O 19979		
	1,503	3,974				COVERED BY E. O. 12372		
e. Other STATE CLEARIN	G NOUSE		.00	OR PROGR		S NOT BEEN SELECTED BY STATE		
			,00	- ron nevie	_14			
I. Program Income	\$,UU	17. IS THE APPLICANT DE	LINQU	ENT ON ANY FEDERAL DEBT?		
a TOTAL	\$.00	1				
g. TOTAL	13,11	12,237	***	Yes If "Yes," attach				
10 TO THE BEST OF HY YAN	OWI EDGE AND BEL	IEC ALL	DATA IN THIS A	PPLICATION/PREAPPLICAT	MON A	RE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY 1	THE GOVE	ERNING BODY	OF THE APPLICANT AND TH	IE APP	LICANT WILL COMPLY WITH		
THE ATTACHED ASSURANCE	ES IF THE ASSISTAN	NCE IS AV	VARDED.					
a. Type Name of Authorized F		b, Title	ACTING	CHIEF, OFFICE OF REGI	DNA	c. Telephane Number		
CYNTHIA GOMEZ			AND INT	ERAGENCY PLANNING		(916) 654-2389		
d. Signature of Authorized Re	presentative					e. Date Signed		
1 rostinik	1				1	April 9, 2004		
Symun -	MA				i	Standard Form 424 (Rev. 7-97		
Previous Edition Usable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					TOTAL D GO		

APR-15-2004 11:	- -	F_TRANS.	I VEXAMINE HUH	916 653 1447 P.07/08			
FEDÉRAL ASSISTAN	ICE	1	TTEDVI的图片进设	Applicant Identifier			
		April 9	9,2004 Approximas/27/04	FY 2004 PL Overall Work Program			
TYPE OF SUBMISSION:	1	3. DATE RECEI	VED BY STATE	State Applicant Identifier			
Application	Preapplication			94-6001344-C			
Construction	Construction	A DATE BECEI	VED BY FEDERAL AGENCY	Federal Identifier			
X Non-Construction	Non-Construction	T, DAIL NEOLI					
S. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:				
California Department of	f Transportation		Division of Transportation Planning Name and telephone number of person to be contacted on matters involving				
Address (give city, county, State	, and zip code):		Name and telephone number or	Sharon Scherzinger, Chief			
P. O Box 942874, MS - 32			The section of the se				
Sacramento, CA 94274-0001			Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362				
Sacramento County			Transportation Planning	1. (916) 653-3362			
6. EMPLOYER IDENTIFICATIO	ON NUMBER (EIN):		7. TYPE OF APPLICANT: (ente	f 1			
94-60013			A				
	الناك		A. State H. Independent School Dist.				
8. TYPE OF APPLICATION:				controlled Institution of Higher Learning			
			C. Municipal J. Private D. Township K. Indian	e University a Tribe			
New X C	ontinuation Aevision		E. Interstate L Individ				
If Revision, enter appropriate let	tter(s) in box(es)	٦	F. Intermunicipal M. Profit	Organization			
ii manaiori, arrar appropriata loc			G. Special District N. Other	(Specify)			
A. Increase Award B. De	crease Award C. Increase D	uration					
D. Decrease Duration Other	(specify):		9. NAME OF FEDERAL AGENCY: Department of Transportation Federal Highway Administration, Region IX				
		_					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TITLE OF AF	PLICANT'S PROJECT:			
10. 0212200 01 1 222.032				·			
	2 0 - 2	2 0 5	FY 2004/05 Federal Plan				
TITLE: MPO Highway F			\$29,000,000.00 In FHWA PL Funds (Estimate)				
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	ates, etc.):	1				
State of California	•						
13. PROPOSED PROJECT:	14. CONGRESSIONAL D	ISTRICTS OF:					
	California S						
FY 2004 OWP Program Start Date Ending Date	a. Applicant	Materiae	b. Project				
July 1, 2004 June 30, 2009	1 ''		Statewide Metropolitan	Planning			
15. ESTIMATED FUNDING:	5 Salettide		16. IS APPLICATION SUBJECT	TO REVIEW BY STATE EXECUTIVE			
13, ESTIBIATED FORBING.			ORDER 12372 PROCESS				
a. Federal	[\$.00	1				
	29,000,000		a. YES. THIS PREAPPLIC	ATION/APPLICATION WAS MADE			
b. Applicant	12 (ED)	.00		E STATE EXECUTIVE ORDER 12372			
I IEC	EIVEL		PROCESS FOR RE	VIEW ON:			
c. State	\$ 7.0004	.00		2004			
	UN 7 2004		DATE April 9	, 2004			
d. Local		.00	b. No. PROGRAM IS	NOT COVERED BY E. O. 12372			
	3,757,257			HAS NOT BEEN SELECTED BY STATE			
e. Other STATE	E CLEARING HONSES	.00	FOR REVIEW	ITHICATOL SERVICE CHARGE AND STREET			
f. Program Income		.00	-				
n. Program income	*	.55	17. IS THE APPLICANT DELIN	QUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00					
g. TOTAL	32,757,257		Yes If "Yes," attach an	explanation.			
DOCUMENT HAS BEEN DUL	 OWLEDGE AND BELIEF, AL Y AUTHORIZED BY THE GO	L DATA IN THIS	APPLICATION/PREAPPLICATION OF THE APPLICANT AND THE A	NARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH			
THE ATTACHED ASSURANCE		Itia ACTING	CHIEF, OFFICE OF REGION	All c. Telephone Number			
a. Type Name of Authorized F	representative D. 1						
CYNTHIA GOMEZ		AND IN	TERAGENCY PLANNING	(916) 654-2389 e. Date Signed			
d. Signature of Authorized Rep	prese fative	_					
1 (AMAlina)	4M_	-		April 9, 2004			
Previous Adition Usable	/ */ */ \/			Standard Form 424 (Rev. 7-9			
Authorized for Local Reproduc	tion)			Prescribed by OMB Circular A-10			

RCH #304 Provid 5/27/04

OMB Approval No. 0348-0043

APPLICATION F		2. DATE SUBMITTED April 15, 2004		Applicant Identifier		
FEDERAL ASSI	JANCE	3. DATE RECEIVED BY	STATE	State Applicant Identifier	, , , , , , , , , , , , , , , , , , ,	
1. TYPE OF SUBMISSION Application	Preapplication	o. Britzings.	· · · · · ·	Clair Applicant technics		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
	☐ Non-Construction					
5. APPLICANT INFORMAT	ION	<u> </u>				
Legal Name: State Cen	ter Community College Dis	strict	Organizational Unit:	University Center Export Program		
Address (give city, county, s	state, and zip code):	·	Name and telephone application (give are	e number of person to be contacted	on matters involving this	
550 East Shaw Av	enue, Suite 155			, Project Director, University Ce	enter Export Program	
Fresno, CA 93710			1-888-638-788			
			(559) 241-656	6		
6. EMPLOYER IDENTIFICA	ATION NUMBER (EIN):			CANT: (enter appropriate letter i	1	
9 4 - 1	5 7 4 8 0 2	2	A. State	H. Independent School I	Dist.	
9 4 1	3 7 7 7 0 0 2	-	B. County	•	tution of Higher Learning	
8. TYPE OF APPLICATION	:		C. Municipal	J. Private University		
•	☐ New	on □ Revision	D. Township E. Interstate	K. Indian Tribe L. Individual		
<u> </u>			F. Intermunicip	al M. Profit Organization		
If Revision, enter appropriate	e letter(s) in box(es):		G. Special Distr	rict N. Other (Specify)		
A. Increase Award	B. Decrease Award C.	. Increase Duration		-		
D. Decrease Duration	Other (specify):		9. NAME OF FEDERAL AGENCY:			
			U.S. Department of Commerce Economic Development Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FLDER				enter Export Program		
		Technical Assistance - University Center Program				
TITLE: Economic Development - Technical Assistance						
12. AREAS AFFECTED BY PR	OJECT (cities, counties, states,	etc.):				
;	See Attached Page	OLOULA DIOTRIOTO O				
13. PROPOSED PROJECT		SIONAL DISTRICTS O	b. Project			
Start Date Ending		10th	5. 1 10,001	3; 15-20; 37 &	45	
	0/2005	19th 	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal		440.000	OPDER 1	2372 PROCESS?	TOTALE EXCOUNTE	
a. reuerar	\$	110,000.0	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE			
b. Applicant	PECEIVE	40,000.0				
c. State	1 5 JUN 7 200	\	00	DATE		
d. Local	STATE GLEARING	HOUSE	00 b. NO. [PROGRAM IS NOT COVERE	D BY E.O. 12372	
e. Other	STATE CLE).	00	OR PROGRAM HAS NOT BE FOR REVIEW	EN SELECTED BY STATE	
f. Program Income	\$		00			
				(PPLICANT DELINQUENT ON AN) If "Yes," attach an explanation	F-71	
g. TOTAL	\$	150,000.0		i.		
18. TO THE BEST OF MY BEEN DULY AUTHORIZED ASSISTANCE IS AWARDS	D BY THE GOVERNING BOD	, ALL DATA IN THIS A Y OF THE APPLICANT	APPLICATION/PREAF AND THE APPLICA	PLICATION ARE TRUE AND COINT WILL COMPLY WITH THE AT	RRECT. THE DOCUMENT HAS FACHED ASSURANCES IF THE	
a. Typed Name of Authoriz		b. Title			c. Telephone number	
Dou	uglas Brinkley		Vice Chancellor	Finance & Admin.	(559) 244-5910	
d. Signature of Authorized	Representative				e. Date Signed	

ADDITION FOR						Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identi	fier	
TYPE OF SUBMISSION:		June 7th 2004 3. DATE RECEIVED BY 8	STATE	State Application	n Idei	fier
1. TYPE OF SUBMISSION. Application	Pre-application	1		Federal Identific	0.5	
Construction	Construction	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identilia	e.	
Non-Construction	Non-Construction		* 12 miles			
5. APPLICANT INFORMATION	(Organizationa! !init	•		
_egal Name:	The state of the s		Department			
Greaater Bethany Economic De	evelopment Corporation	EIWE FA	Headquarters Division:			
Organizational DUNS: 877680538			N/A			
Address:			Name and telephon involving this appli	e number of per cation (give area	son ti	se contacted on matters
Street:		- 7 2004 II V	Prefix:	First Name:		
8401-09 So. Haaver Street		Leman	Mr.	Robert		
City:			Middle Name E.			
Loś Angeles County:	STATE CL	EVDING HOUSE	Last Name Rubin			
Los Angeles		CANINO HOUDE	Suffix:			
State: California	Zip Code 90044					
Country:			Email: πubingb@pacbell.ne	et		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax N	mber (give area code)
			323 753-8980		323 7	3-7566
9 5 -4 2 8 8 5 5 6 8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See back	of for	for Application Types)
8. TIPEOF APPLICATION:	w 🖺 Continuati	on Revision	non-profit faith base	d organization		
If Revision, enter appropriate le	etter(s) in box(es)		1	G 0.19		
(See back of form for description	in of letters.)	П	Other (specify)			
Other (specify)			9. NAME OF FEDER Dept. of Health & He	RAL AGENCY:		•
		AR NUMBER.	11. DESCRIPTIVE		CANT	PROJECT:
10. CATALOG OF FEDERAL	, DOMESTIC ASSISTAN		The Tower Project:			unity Services Center
		9 3 - 6 7 0	munod and onerate	d hy non-porfits to	have	one stop service center
TITLE (Name of Program): Program 'nnovation of Nationa	alSignificance		thelp low income cli having a better, hea	ents achieve self-	-subsli	ning services toward
12. AREAS AFFECTED BY P	ROJECT (Cities, Counti	es, States, etc.):	naving a better, nea	nuner mescyle.		
Los Angeles, Los Angeles, Ca						
13. PROPOSED PROJECT			14. CONGRESSION	NAL DISTRICTS	OF:	201
Start Date:	Ending Date:		a. Applicant 35th District of Calif	ornia	b, Pri Comn	∍ct nity Service Network
Sept 2004 15. ESTIMATED FUNDING:	Sept 2007		16. IS APPLICATIO	N SUBJECT TO	REVII	V BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?		CATION WAS MADE
	\$	50,000	a. Yes. !!! AVAILA	BLE TO THE ST.	ATE E	ECUTIVE ORDER 12372
h. Applicant	\$	450.000	PROCE	SS FOR REVIEW	N ON	
	ф	150,000	DATE:			
c. State	3		1	RAM IS NOT COV	/CDEF	3V ⊑ ∩ 12372
d. Local	\$.00	b, No. 🔠			
e, Other	\$, od			TBEE	SELECTED BY STATE
		av.		EVIEW	NT OI	ANY FEDERAL DEBT?
f, Program Income	 \$	•		er 10. 100		
g. TOTAL	\$	200,000	Yes If "Tes" atta	ach an explanatio	n.	□ No
	NOW! FOGE AND BELL	TE ALL DATA IN THIS AD	PLICATION/PREAPP	LICATION ARE	TRUE	ND CORRECT. THE
INDOCUMENT HAS BEEN DUE	T AUTHURIZED DI TI	IF GOAFILIERG DAD' A.	THE APPLICANT AP	ID THE APPLICA	ANT W	L COMPLY WITH THE
ATTACHED ASSURANCES I	F THE ASSISTANCE IS	AWARDED.				
a. Authorized Representative	First Name Robert		Midd E.	dle Name		
Prefix Mr.	Robert		Suff	ix		
Last Name Rubin					- (-)	a coda)
b. Title			ic. 10 323	elephone Number 1753-8980	r (give a	as code)
d. Signature of Apringrized Re	preseglative		e. D	ate Signed		
Round	TU-		Jur	ne 7th 2004	Sta	dard Form 424 (Rev.9-200
Previous Edition Usable	ction				Pres	ribed by OMB Circular A-1

APPLICATION FOR		2. DATE SUBMITTED	Applicant Identifier CA-03-0654	
FEDERAL ASSIS	FEDERAL ASSISTANCE		5/25/04	CA-03-0034
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier
Construction XX Non-construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
And the constitution	□Non-Construction			CA-03-0654
Legal Name:			Organizational Unit:	
Santa Clara Valley Tra	nsportation Authority (SCV	/TA)	t	
) B C F I W E	1		
5. APPLICANT INFORMAT		-		
Address(give city, county, states			Name and telephone number of the person to be con matters involving this application (give area code)	tacted on
3331 North First Street San Jose, CA 95134	Plug. BUN - / AU4		Maria Marinos, Senior Transportation	n Planner
San Jose, CA 75154			408-321-5773	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate lette	r in box) G
S	TATE CLEARING H	UUDE	A. State H. Independent School D	list.
94	-2186907		B. County I. State Controlled Insti	tution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal J. Private University	
Г			D. Township K. Indian Tribe E. Interstate L. Individual	
XX NewContinua	tion Revision		F. Intermunicipal M. Profit Organization	
If Revision, enter appropriate le	., ., .		G. Special District N. Other (Specify)	
1	ecrease Award C. Increase Dura r (specify)	ation	9. NAME OF FEDERAL AGENCY: Federal Transit Administration,	Region IV San Francisco CA
	/		rederar Transit Administration,	Region 121, San Francisco, CA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE TITLE OF APPLICANTS PRO	DJECT
			SANTA CLARA VALLEY TRANSP	ORTATION AUTHORITY
	20-500		FY 2004 FTA SECTION 5309 FIXEI	
1	al Grant (Section 5309 Fixed Guideway	y	RETROFIT PROJECT (CA-03-0654)
Program) 12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states, etc.)			
Santa Clara County	, , , , , , , , , , , , , , , , , , , ,			
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT			
Start Date	Ending Date	a. App	licant	b. Project
7/30/2004	6/30/2005		12, 13, 15, 16, 17	10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING		16. IS AI	PPLICATION SUBJECT TO REVIEW BY STATE EXEC	UTIVE ORDER 12372 PROCESS?
a. Federal	\$773,364	a. YE	S, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOF	
b. Applicant	\$		DATE 5/28/03	A REVIEW
a State				
c. State	\$	b. No	PROGRAM IS NOT COVERED BY E.Q. 1	2372
d. Local	0 100011			
d. Locai	\$ 193,341		OR PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?
f. Program Income	and the second s			
i. Program income	\$			
g. TOTAL	¢ \$0.66.705	l	П	
g. 1011111	\$ \$966,705		Yes If "Yes," attach an explanation	X No
18. TO THE BEST OF MY KNOWLED	 GE AND BELIEF ALL DATA IN THIS APPLI	CATION/PRE	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT I	IAS BEEN DULY AUTHORIZED BY THE
A. Typed Name of Authorized R		LI WITH TH	IE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDS	c. Telephone Number
Peter M. Cipolla	General	Manage	r /	408-321-5559
d. Signature of Authorized Repr	resentative /		1-01	e. Date Signed
- W	1 Mu U	٠ - س	Cydlla.	3/24/04

Previous Editions Not Usable

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION 1	FOR		2. DATE SUBMITTED	Applicant Identifier
FEDERAL ASSIS			5/25/04	CA-03-0639-01
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
XX Non-construction	Non-Construction			CA-03-0639-01
Legal Name:			Organizational Unit:	011 00 000) 01
	nsportation Authority (SCV	TA)		
			7 6 7	
5. APPLICANT INFORMATIO	1121			
Address(give city, county, state, 3331 North First Street		-7 2	Name and telephone number of the person to be committees involving this application (give area code)	ntacted on
San Jose, CA 95134	, Total	1 4	Maria Marinos, Senior Transportation 408-321-5773	on Planner
6. EMPLOYER IDENTIFICAT		2 200 15 17	7. TYPE OF APPLICANT: (enter appropriate lett	er in box) G
94	-2186907	ARINI	A. State State H. Independent School I B. County I. State Controlled Inst	Dist. itution of Higher Learning
8. TYPE OF APPLICATION:	2100/07		C. Municipal J. Private University	
New Continua	tion X Revision		D. Township K. Indian Tribe E. Interstate L. Individual	
			F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
	ecrease Award C. Increase Dura r (specify)	ition	9. NAME OF FEDERAL AGENCY: Federal Transit Administration.	Dogian IV San Francisco CA
B. Beerease Buration State	(opecity)		rederat Transit Administration,	, Region 1A, San Francisco, CA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE TITLE OF APPLICANTS PR	OJECT
TITLE E. E. J. a. l. Turanit. Conit.	20-500		SANTA CLARA VALLEY TRANSP	
111LL: Federal Transit: Capit	al Grant (Section 5309 New Starts Prog	gram)	FY 2004 FTA SECTION 5309 NEW FOR SILICON VALLEY RAPID TH	
			PROJECT (ENV/PRELIMNARY EN	
12 ADEAC AFERCATED BY BU	ROJECT (cities, countries, states, etc.)			
Santa Clara County	ROJECT (cities, countries, states, etc.)			
13, PROPOSED PROJECT Start Date	14. CONGRESSIONAL DISTRICT Ending Date	a. App		b. Project
3/16/2004	4/30/2006	10. 11.	12, 13, 15, 16, 17	10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING			PPLICATION SUBJECT TO REVIEW BY STATE EXEC	
a. Federal	\$1,968,358	a. YE	ES, THIS PREAPPLICATION WAS MADE AVAILABLE	
b. Applicant	\$		STATE EXECUTIVE ORDER 12372 PROCESS FO. DATE 5/15/03	R REVIEW
c. State			DROGD AM IS NOT COMPRED THE S	12272
- S	\$	b. No	PROGRAM IS NOT COVERED BY E.Q.	12572
d. Local	\$ 492,090		OR PROGRAM HAS NOT BEEN SELEC	FED BY STATE FOR REVIEW
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?
f. Program Income	\$			
g. TOTAL	\$ 2,460,448		Yes If "Yes," attach an explanation	X No
18 TO THE REST OF MV ENOUS PR		CATION/PP	APPLICATION ARE TRUE AND CORRECT. THE BOCUMENT	HAS BEEN DILLY AUTHORIZED BY THE
GOVERNING BODY OF THE APP A. Typed Name of Authorized R		LY WITH TH	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT IE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARD	ED. c. Telephone Number
Peter M. Cipolla	General	Marrage	er	408-321-5559
d. Signature of Authorized Repr	resentative In I	h.	Cinolla.	e. Date Signed
Previous Editions Not Usable				Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR		2. DATE SUBMITTED	CA-03-0512-03		
FEDERAL ASSIS	STANCE		5/25/04	C/1 05 05/2 05	
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier	
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
XX Non-construction	Non-Construction			CA-03-0512-03	
Legal Name:	**************************************		Organizational Unit:	0.11 0.0 0.0.12 0.0	
	nsportation Authority (SCV	VTA)			
5. APPLICANT INFORMATIO	11,1 12, 15, 12, 1	WE			
Address(give city, county, state, 3331 North First Street			Name and telephone number of the person to be con matters involving this application (give area code)	tacted on	
San Jose, CA 95134	, 1181 JUN - 7	2004	Maria Marinos, Senior Transportatio 408-321-5773	n Planner	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter	r in box) G	
94	1-218690701 FARIA	0110	A. State H. Independent School D B. County I. State Controlled Insti	vist. tution of Higher Learning	
8. TYPE OF APPLICATION:	TOTAL STREET	1 mg / 1 h hg.	C. Municipal J. Private University D. Township K. Indian Tribe		
New Continua	ation X Revision		D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization		
If Revision, enter appropriate le			G. Special District N. Other (Specify)		
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBE	R:	11. DESCRIPTIVE TITLE OF APPLICANTS PRO	DJECT	
	A O W OO		SANTA CLARA VALLEY TRANSP	ORTATION AUTHORITY	
20-500		FY 2004 FTA SECTION 5309 BUS/BUS FACILITY GRANT FOR			
TITLE: Federal Transit: Capital Grant (Section 5309 Bus/Bus Facility Program)		PURCHASE OF ZERO EMISSIONS BUSES AND CERONE COMPLEX IMPROVEMENTS (CA-03-0512-03)			
12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states, etc.))	COMILEX IMIROVEMENTS (CA	-03-0312-03)	
Santa Clara County					
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRIC				
Start Date	Ending Date	a. App	blicant	b. Project	
6/1/1999	12/31/2005		12, 13, 15, 16, 17 PPLICATION SUBJECT TO REVIEW BY STATE EXEC	10, 11, 12, 13, 15, 16, 17	
15. ESTIMATED FUNDING					
a. Federal	\$1,669,842	a. Yl	ES, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
b. Applicant	\$		DATE 5/28/03		
c. State	\$	b. N	PROGRAM IS NOT COVERED BY E.Q. 1	2372	
d. Local	\$ 417,461		OR PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW	
e. Other	\$	17. IS T	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?	
f. Program Income	\$				
g. TOTAL	\$ \$2,087,303		Yes If "Yes," attach an explanation	X No	
			EAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT I HE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDS		
A. Typed Name of Authorized F Peter M. Cipolla				c. Telephone Number 408-321-5559	
d. Signature of Authorized Repr		A STORY OF THE PARTY OF THE PAR	6	e. Date Signed	
1	Televille	. /	Tingla.	5/24/00/	

Previous Editions Not Usable

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR			2. DATE SUBMITTED	CA-03-0635-01
FEDERAL ASSIS	STANCE		5/25/04	C11 00 0000 01
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
XX Non-construction	Non-Construction			
				CA-03-0635-01
Legal Name:			Organizational Unit:	
Santa Clara Valley Tra	insportation Authority (SCV	TA)		
5. APPLICANT INFORMATION				
Address(give city, county, state,			Name and telephone number of the person to be con matters involving this application (give area code)	tacted on
3331 North First Street San Jose, CA 95134	, Diug. D		Maria Marinos, Senior Transportatio	n Planner
	TION NUMBER CEIN.	-	408-321-5773	
6. EMPLOYER IDENTIFICATION	ION NUMBER (EIN):	- Indiana	7. TYPE OF APPLICANT: (enter appropriate lette	r in box) G
94	2186907 7 200A		A. State H. Independent School D B. County I. State Controlled Insti	ist. tution of Higher Learning
8. TYPE OF APPLICATION:	, , , , , , , , , , , , , , , , , , , ,		C. Municipal J. Private University D. Township K. Indian Tribe	
New Continua	tion X Revision		E. Interstate L. Individual	
I GT	ATE CI ENDINO HO	Ticel	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
If Revision, enter appropriate le A. Increase Award B. D	tter(s)-in box(es); / \ \ A,\Q \ / ecrease Award	UOC]	9. NAME OF FEDERAL AGENCY:	
	r (specify)		Federal Transit Administration,	Region IX, San Francisco, CA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE TITLE OF APPLICANTS PRO	DJECT
	20.500		SANTA CLARA VALLEY TRANSP	
TITLE, Fodoral Transit: Capit	20-500 al Grant (Section 5309 Bus/Bus Facility	u,	FY 2004 FTA SECTION 5309 BUS/B	
Program)			PALO ALTO INTERMODAL TRAN	(SII CENTER (CA-03-0635-01)
	ROJECT (cities, countries, states, etc.)			
Santa Clara County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT	S OF:		
Start Date	Ending Date	а. Арр	licant	b. Project
1/30/2005 15. ESTIMATED FUNDING	12/30/2006		12, 13, 15, 16, 17 PPLICATION SUBJECT TO REVIEW BY STATE EXEC	10, 11, 12, 13, 15, 16, 17
a. Federal	\$736,695	a. Yl	CS, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR	
b. Applicant	\$		DATE 5/25/04	
c. State	\$	b. N	PROGRAM IS NOT COVERED BY E.Q. 1	2372
d. Local	\$ 184,174		OR PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW
	101,174			
e. Other	\$	17. IS T	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?
f. Program Income	\$			
g. TOTAL	\$ 920,869		Yes If "Yes," attach an explanation	X No
		CATIONAS		
GOVERNING BODY OF THE API	PLICANT AND THE APPLICANT WILL COMP	LY WITH TI	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT I E ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDS	D,
A. Typed Name of Authorized F Peter M. Cipolla	Representative b. Title General	Manage	r	c. Telephone Number 408-321-5559
d. Signature of Authorized Ken		Iunasi		e. Date Signed
1) /4. //	2 5/1	3 .	5/24/04
	The second of the second	T # 61.11	ar "	1/27/09

APPLICATION FOR)	Version 7/03	
		2. DATE SUBMITTED June 2, 2004		Applicant Iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier	
	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	fier	
☐ Construction ☑ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizationa	l Unit:		
Second Harvest Food Bank of S	Santa Cruz and San Beni	to Counties	Department: Education and	Outreach		
Organizational DUNS: 602285653			Division:			
Address:					rson to be contacted on matters	
Street:			Involving this Prefix:	application (give are First Name:	a code)	
P. O. Box 990			Mr.	Rick		
City: Watsonville			Middle Name Alan			
County: Santa Cruz			Last Name Zinman			
State: CA	Zip Code 95077		Suffix:			
Country: US			Email: rick@thefoodb	ank.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number		Fax Number (give area code)	
77-0326685]		831-722-7110	x221	831-722-0435	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	k of form for Application Types)	
✓ New	v 🔲 Continuatio	n Revision	0			
If Revision, enter appropriate letted (See back of form for description			Other (specify)			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)				EDERAL AGENCY: Health and Human Se	rvices	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:	
		93-571	The Food for V	Vork Program		
TITLE (Name of Program):						
Community Food and Nutritition		04-44-1:				
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	s, States, etc.):				
Santa Cruz County			44 0000000	OLONAL PIOTRICTO	OF-	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project	
10/1/2004	9/30/2005		CA 17th Distric		CA 17th District	
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE	
a. Federal \$	A STATE OF THE PROPERTY OF THE	50,000	TH	IS PREAPPLICATION	I/APPLICATION WAS MADE	
b. Applicant \$	TOPMEN	50,000	_ AV	'AILABLE TO THE STA ROCESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON	
c. State	IIIN 7 2004	31,612	DA	TE: 6/2/2004		
d. Local \$	JUN 7 2004	_00	 - 	OGRAM IS NOT COV	/ERED BY E. O. 12372	
1 1	HOL	J3E 00	D. NO.		T BEEN SELECTED BY STATE	
STATE CLEANING			R REVIEW	NT ON ANY FEDERAL DEBT?		
f. Program Income			17.15 THE AF	PLICANT DELINGUE	NI ON ANT PEDERAL DEDT:	
g. TOTAL \$		81,612 ·	1	attach an explanatior		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative				Middle Name		
Prefix Mr.	First Name Willy			Middle Name		
Last Name Elliott-McCrea				Suffix		
b. Title Executive Director				c. Telephone Number 831-722-7110 x211	(give area code)	
d Signature of Authorized Repre	sentative			e Date Signed		

APPLICATION FOR FEDERAL ASSISTANCE	<u>.</u>	2. DATE SUBMITTED		Applicant Ide	Version 7/03
	·	June 4, 2004		'''	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Application Identifier	
Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	it:	
Great Valley Center			Department:		
Organizational DUNS: 17-954-3616		17.4.100	Division:		
Address:			Name and telepho	ne number of pe	erson to be contacted on matters
Street: 201 Needham Street			involving this appl	ication (give are	ea code)
Cil			Prefix: Mrs.	First Name: Carol	
City: Modesto			Middle Name		
County: Stanislaus			Last Name Whiteside		
State: .California	Zip Code 95354		Suffix:		4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4
Country:	1 0000 7		Email:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		carol@greatvalle Phone Number (give		Fax Number (give area code)
77-0450770			209-522-51-3	,	209-522-5116
8. TYPE OF APPLICATION:	1		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
☑ Nev		n 🛭 Revision	O. Not For Profit		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE	DAL ACENCY.	
			US Department of A	griculture, Rural	
10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANC	CE NUMBER:			CANT'S PROJECT:
TITLE (Name of Program):		10-773	Exploring Business		e Sacramento Valley: t Opportunities
Rural Business Opportunity Gra					
12. AREAS AFFECTED BY PR		s, States, etc.):			
Shasta, Tehama, Butte, Glenn, 13. PROPOSED PROJECT	Colusa Counties		14. CONGRESSION	IAI DISTRICTS	OE:
Start Date:	Ending Date:		a. Applicant	IAL DISTRICTS	b. Project
July 1, 2004 15. ESTIMATED FUNDING:	June 30, 2005		18 15 APRI ICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
		00	00000 40070 000	05000	
a. Federal \$		48,350 ·	_ a. Yes. ☐ THIS PI AVAILA	REAPPLICATION BLE TO THE ST	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	SEIVED.	14,300	PROCE	SS FOR REVIEV	V ON
c. State	CEIVED	0 .00	DATE:		
d. Local \$	UN 7 2004	0 .	b. No. PROGR	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$	OIV V =	- 00	_	GRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income	CLEARING HOUS	39,100 °	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$	CLEANINGTIOS	0.			
		101,750	Yes If "Yes" attac	·	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Middl	e Name	
Prefix Mrs. Last Name	First Name Carol				
Whiteside			Suffix		
b. Title President				ephone Number 9-522-5103	(give area code)
d. Signature of Authorized Repre	sertawe full	TAL	e. Da	te Signed	-02-04
Previous Edition Usable Authorized for Local Reproductio	n			\	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	*	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: Willow RANCH F	ine Protection	District	Organizational Unit: Willow Rank	· L Volunteec Fire Dept.
Address (give city, county, State	, and zip code):			number of person to be contacted on matters involving
Box 41 55390	Hwy #395 OR 97635-6	one i	this application (give a	ogenter (530) 946-4188
6. EMPLOYER IDENTIFICATIO		2041	7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
94-6000	522		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
	w Continuation	Revision	C. Municipal	J. Private University
Me\	W Communication		D. Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual
		an Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) FIRE DEpartment
71. 11.01.0000	crease Award C. Increa <i>(specify):</i>	se Duration	G. Special District	N. Outer (opcony)
D. Decrease Duration Other	(арешту).		9. NAME OF FEDER	AL AGENCY:
	es de districte appearant participation and an annual state of the second state of the			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NIIMBED:	11 DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL L	OMESTIC ASSISTANCE			ion of storage tacility
		110-766	CONSTRUCT	ion of sicrety
TITLE:			1 for Fire	Trucks
12. AREAS AFFECTED BY PR NEW PINE Creek Modoc Count	. Willow Ran			
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:	A CONTRACTOR OF THE PROPERTY O	
Start Date Ending Date	a. Applicant		b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE
13. LOTHINATED TOTAL	•		ORDER 12372 F	
a. Federal Haw much	\$.00	a. YES. THIS PRI	EAPPLICATION/APPLICATION WAS MADE
b. Applicant θ	\$ _	284	AVAILAB	LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:
c. State	\$.00	DATE	
d. Local	SILICITY	.00		RAM IS NOT COVERED BY E. O. 12372
e. Other	0004	.00	OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	17 2004	.00	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	ECLEARING HOUSE	, 2.5 (" attach an explanation.
118. TO THE BEST OF MY KN	OWLEDGE AND BELIEF.	ALL DATA IN THIS APPL	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUI	LY AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	WARDED.		
	enter	b. Tille President	Fire Com	c. Telephone Number 946 4188
d. Signature of Authorized Rep	presentative		f	e. Date Signed

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR						Version 7/0
FEDERAL ASSISTANCE	NCE 2. DATE SUBMITTED		TED	Applicant Identifier R9 Tracking #03-274		entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIV	ED BY	STATE	State Application (dentifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGEN			Federal Iden	tifier
Mon-Construction	Non-Construction				XP-9796500	1-1
5. APPLICANT INFORMATION	<u> </u>			P		
Legal Name:				Organizational Unit: Department:		
City of Arcadia (Lead Agency for	r Arcadia and City of Sie	erra Madre joint gran	nt)	Department of Public	Works	
Organizational DUNS: 08 219 7278 (Arcadia) 00	494 7388 (Slerra Madre	e)		Division:		
Address; Street:				Name and telephone involving this applica	number of position (give an	erson to be contacted on matters ea code)
240 W. Huntington Drive	DEC	N I SI G	R L	Prefix: Mr.	First Name: Pat	
City: Arcadie		G E I V		Middle Name	rai	
County:				Last Name		A 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Los Angeles		UN 4-2004		Malloy		
State: CA	Zip Coda 91086-8021	011 2001	-	Suffix:		
Country: USA				Emall:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	TEARINGE	THE	Phone Number (give ar	ea code)	Fax Number (give area code)
95-6000667	WI/II has be	of for home I by by the Fig.	Total State	(626) 256-6584		(626) 359-7028
B. TYPE OF APPLICATION:				7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
□ New	Continuation	n 📈 Revision		C. Municipal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If Revision, enter appropriate lette (See back of form for description)	ar(a) in box(es) of letters t			Other (specify)		
	A	Č		Office (specify)		
Other (specify) Amendment #1				9. NAME OF FEDERA Environmental Protect		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		11. DESCRIPTIVE TIT		CANT'S PROJECT:
		6 6 6 0	6	Water Infrastructure R	ellability Proje	cts (Reservoirs, Wells, Pump
TITLE (Name of Program): Surveys, Studies, investigations	& Special Purpose Gran	nts		Stations) and Studies	(Wall Siling St	udy, Water Resources Plan)
12. AREAS AFFECTED BY PRO		•				
City of Arcadia, City of Sierra Ma	dre Los Angeles Coun	ty				
13. PROPOSED PROJECT Start Date:		7-116		14. CONGRESSIONAL	L DISTRICTS	
September 24, 2003	Ending Date: September 30, 2008			a. Applicant 26th Congressional Dis	at. (Dreler)	b. Project 26th Congressional Dist, (Dreler)
15. ESTIMATED FUNDING:				16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal S		-w		ORDER 12372 PROCE	887	
		1,591.100		a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant \$		1.301,809		PROCESS	FOR REVIEW	VON
c. State \$		do .		DATE: Jur	ne 4, 2004	
d. Local \$				b. No. III PROGRAM	I IS NOT COV	ERED BY E. O. 12372
e. Other \$, au				T BEEN SELECTED BY STATE
Program Income \$, un		17. IS THE APPLICAN		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,892,909		Yes If "Yes" attach i	an evelanation	. Ro
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF.	ALL DATA IN THIS	APPI	ICATION/PREADDLIC	ATION ARE T	DUE AND CORPECT THE
ATTACHED ASSURANCES IF TH	UTHURIZED BY THE C	30VERNING ROM	OF TI	HE APPLICANT AND T	HE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name			Middle N	2000	
Last Name	First Name William			R, Suffix	ionic .	
Keily D. Title		•••,				
City Manager, City of Arcedia				c, Teleph (826) 57	one Number (4-5401	(give area code)
t, Signature of Authorized Represe	entative			e, Date 9		lt le t

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

		025.50	1	
APPLICATION FOR	700 14	83858.	<i>,</i>	al No. 0348-004
FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier	
	16-2-0)4		
1. TYPE OF SUBMISSION:	3. DATE RECEIVED B	Y STÂTE	State Application Identifier	
Application Preapplication				
☐ Construction ☐ Construction ☐ Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Darlene Jacobson			Keal Choices	
Address (give city, county, State, and zin code):	_ ^		number of person to be contacted on	matters involvir
27929 No Tuolumne	Road	this application (give a	area code) Serve Eric Jo	يردطموه
Tuxin Harte, CA	95383	209-	352-0345	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
N/A				M
		A. State	H. Independent School Dist.	ar Loornina
8. TYPE OF APPLICATION:		B. County C. Municipal	I. State Controlled Institution of HighJ. Private University	er Learning
New Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual	
In revision, ones appropriate ions (o) in son (oo)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decrease Award C. Increase	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):				
		9. NAME OF FEDER	AL AGENCY:	
		GARP-AF		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		RealC	hoices Abstinence ucation Program	e
TITLE:		FD.	untion Fragram	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, S	tates, etc.):			
Tuolumne County, Ct	_			
13. PROPOSED PROJECT 14. CONGRESSIONAL E	DISTRICTS OF:	*-		
Start Date Ending Date a. Applicant		b. Project		
Sq104 Jun 109 Dastene 3	lacobsan			
15. ESTIMATED FUNDING: \$71, 585		16. IS APPLICATION ORDER 12372 P	N SUBJECT TO REVIEW BY STATE ROCESS?	EXECUTIVE
a. Federal \$ 37, ∞	→ >○	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS	MADE
b. Applicant \$	85	1	LE TO THE STATE EXECUTIVE ORD S FOR REVIEW ON:	ER 12372
c. State	.00	DATE(6-2-04	
d. Local \$ 4 2004	.00		AMAIG NOT COVERED BY E. C. 100	70
1 3019	00		RAM IS NOT COVERED BY E. O. 123	
e. Other	,	FOR RE	OGRAM HAS NOT BEEN SELECTED	DISIMIE
f Brossom Income \ ABING HOUSE	00			
f. Program Income STATE CREARING HOUSE	•	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERA	AL DEBT?
g. TOTAL \$ 71.58	5 .00		attach an explanation.	χ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

ATTACHED ASSURANCES IF THE ASSISTANCE	S AWARDED.	
a. Type Name of Authorized Representative	b. Title	c. Telephone Number
tric Jacobson	Proposed cerities	1694 - 39 2 03919
d. Signature of Authorized Representative	U	e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission 2. Date S	Submitted	4. HUD Application Number	
	and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Nu	mber
7. Applicant's Legal Name Eskaton	8. Organizational Unit	N/A	
9. Address (give city, county, State, and zip code) A. Address: 5105 Manzanita Avenue B. City: Carmichael C. County: Sacramento D. State: California E. Zip Code: 95608 11. Employer Identification Number (EIN) or SSN	10. Name, title, telephone number contacted on matters involving to A. Name: Raymond W. Gee B. Title: Executive Director, C. Phone: 916/334-0810 D. Fax: 916/338-1248 E. E-mail: ray@eskaton.org 12. Type of Applicant (enter applicant)	his application (including area c	
94-2906316 13. Type of Application X New Continuation Renewal Revision If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	J. Indian Tribe K. Tribally Designated Hou L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority	
	14. Name of Federal Agency U.S. Department of Housin	ng and Urban Development	:
15. Catalog of Federal Domestic Assistance (CFDA) Number 1 4 181 Title: Component Title: 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	16. Descriptive Title of Applican	ECEIVED JUN 3 2004 TE CLEARING HOUSE	
18a. Proposed Program start date 18b. Proposed Program end date	19a. Congressional Districts of a	Applicant 19b. Congressional Program	Districts of 2nd
20. Estimated Funding: Applicant must complete the Funding Matriz 21. Is Application subject to review by State Executive Order 12372 Pro A. Yes X This preapplication/application was made available to Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? X No Yes If "Yes," explain below or attach an explanation.	cess?	Process for review on: Date_6/4	1/04

Funding Ma	itrix								
	t provide the funding m		elow, listing ea	ch program for	which HUD fu	ınding is being			
requested, and cor	mplete the certifications	S.							
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	1,067,733.00	3,000.00							1,070,733.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,067,733.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,070,733.00
* For FHIPs, show	v both initiative and co	mponent					I		
0 - 4161 - 41 -									
Certification		.d b.alia£ that m	a Fodorol ann	ransistad funda	have been no	id or will be n	nid by or on b	shalf	
	st of my knowledge an any person for influen							znan	
	er or employee of Con								
	nt or its extension, rene								
or will be paid for i	nfluencing or attemptin	g to influence	the persons lis	sted above, I sh	all complete a	ind submit Star	ndard Form-LL	L,	
1	Report Lobbying. I co	ertify that I sha	ll require all su	ıb awards at all	tiers (includin	g sub-grants a	nd contracts) t	0	
1 '	disclose accordingly.	Anthon House at a miles on		milion (TDLIFE	\ aatabliabad k	v. Codorolly ro	oognized India	n tribaa	
, ,	zed Indian Tribes and xercise of the tribe's so		-	•	•	-	-		
	established under Sta					menament, ba	i Otate-recogni	zed malan	
1	ncorporates the Assura					ication or rene	ws and incorpo	orates for	
the funding you ar	e seeking the Assuran	ces and Certif	cations currer	ntly on file with I	HUD. To the b	pest of my know	wledge and be	lief, all	
information in this	application is true and	correct and co	onstitutes mate	erial representa	tion of fact up	on which HUD	may rely in aw	arding	
the agreement.					····				
23. Signature of A	uthorized Official	grund l	Thee		Name (printed	d)	Raymon	d W. Gee	

Date (mm/dd/yyyy) 06/04/2004

Executive Director, Affordable Housing Group

Title

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	2. Date Submitted	4. HUD Application Number
·· ·	3. Date and Time Received by HUD	5. Existing Grant Number
		6. Applicant Identification Number
7. Applicant's Legal Name Eskaton	8. Organizational Unit	N/A
9. Address (give city, county, State, and zip code) A. Address: 5105 Manzanita Avenue B. City: Carmichael C. County: Sacramento D. State: California E. Zip Code: 95608	contacted on matters involving thi A. Name: Raymond W. Gee	fax number, and e-mail of the person to be s application (including area codes) Affordable Housing Group
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro	opriate letter in box) N
94-2906316 13. Type of Application X New Continuation Renewal Re If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District 14. Name of Federal Agency U.S. Department of Housing 16. Descriptive Title of Applicant's	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) Jand Urban Development S Program (**RECEIVED** JUN** 3 2004
18a. Proposed Program start date 18b. Proposed Program e	end date 19a. Congressional Districts of Ap	pplicant 19b. Congressional Distriction SE / Program 6th
20. Estimated Funding: Applicant must complete the Funding	ng Matrix on Page 2.	3,
21. Is Application subject to review by State Executive Order 12 A. Yes X B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	2372 Process? ailable to the State Executive Order 12372 F	Process for review on: Date_6/4/04

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Other HUD Other Federa Local/Tribal Other **Grant Program*** HUD Applicant State Program Total Match Funds Share Share Share Income Share **HUD 202** 1,414,137.00 1,411,137.00 3,000.00 0.00 0.00 0.00 0.001,414,137.00 For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

Raymond W. Gee

Date (mm/dd/yyyy) 06/04/2004

Name (printed)

Kennerd Whee

Executive Director, Affordable Housing Group

23. Signature of Authorized Official

Title

Application for Federal Assistance

U.S. Department of Housing	OMB Approval No.2501-0017 (exp. 03/31/2005)
and Urban Development	
•	

Type of Submission			
X Application Preapplication 3. Date at	nd Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Nu	mber
7. Applicant's Legal Name Eskaton	8. Organizational Unit	N/A	
9. Address (give city, county, State, and zip code)	10. Name,title,telephone number,t	ax number, and e-mail of the	person to be
A. Address: 5105 Manzanita Avenue	contacted on matters involving this	s application (including area c	odes)
B. City: Carmichael	A. Name: Raymond W. Gee		
C. County: Sacramento		ffordable Housing Group	
D. State: California	C. Phone: 916/334-0810		
E. Zip Code:95608	D. Fax: 916/338-1248		
The state of the s	E. E-mail: ray@eskaton.org	nuista lattau in hav	NI NI
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro		N
94-2906316	A. State B. County	University or College J. Indian Tribe	
40 Town of Application	C. Municipal	K. Tribally Designated Hou	sing Entity (TDHE)
13. Type of Application X New Continuation Renewal Revision	D. Township	L. Individual	sing Linkly (TDITE)
X New Continuation Renewal Revision	E. Interstate	M. Profit Organization	
If Povision, enter appropriate letters in hex/es)	F. Intermunicipal	N. Non-profit	
If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority	,
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	
D. Decrease Buration E. Other (Specify)	14. Name of Federal Agency	outo. (opeony)	
	U.S. Department of Housing	and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's		
1 4 ₁₈₁		#1000000000000000000000000000000000000	
Title:	1	RECEIVED	
Component Title:	1	K Indian Burner Burner	
17. Areas affected by Program (boroughs, cities, counties, States,		JUN 3 2004	
Indian Reservation, etc.)			
18a. Proposed Program start date 18b. Proposed Program end date	19a. Congressional Districts of As 3rd	plicant 795! Vongresilent Program	Districts of 4th
20. Estimated Funding: Applicant must complete the Funding Matrix	on Page 2.	riogiani	
21. Is Application subject to review by State Executive Order 12372 Proc			
A. Yes X This preapplication/application was made available to		rocess for review on: Date 6/4	1/04
B. No Program is not covered by E.O. 12372		<u></u>	
Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? X No			
Yes If "Yes," explain below or attach an explanation.			

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	6,082,365.00	3,000.00							6,085,365.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	6,082,365.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	6,085,365.00

^{*} For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Kagnust		Name (printed)	Raymond W. Gee
Title E	Executive Directo	or, Affordable Housing Group		Date (mm/dd/yyyy) 06/04/2004

PAGE 02

PPLICATION FOR EDERAL ASSISTANCI	F	2. DATE SUBMITTED		Applicant Identifier	
TYPE OF SUBMISSION:		06/04/2004 3. DATE RECEIVED B	YSTATE	State Application Ide	niifier
pplication	Pre-application	4. DATE RECEIVED B		Federal Identifier	7
Construction	Construction	a. DAIL KLEENINGS			
Non-Construction APPLICANT INFORMATION	Non-Construction				
gal Name:			Organizational Unit		
sta Community Clinic			Department: Maternal and Child I	lealth	
manizational DUNS:			Dîvision: N/A		
73383754 ddress;			Name and telephor	ne number of person t ication (give area cod	o be contacted on matter
treet;			Prefix:	First Name:	
000 Vale Terraca			Ms.	Berbara	
lty: isita			Middle Name		
ounty: an Diego			Mannino		
tate:	Zip Code 92084		Suffix:		
country.			Email: barbara@vistacom	munityclinic.org	
SA EMPLOYER IDENTIFICAT	TON NUMBER (FIN)		Phone Number (give	area code) Fax	Number (give area code)
			(760) 631-5000	(760) 414-3701
95-281561 TYPE OF APPLICATION:	5		7. TYPE OF APPLI	CANT: (See back of fo	rm for Application Types)
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Revision, enter appropriate I See back of form for descripti	letter(s) in box(es)		Other (specify)		
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	بالمسا		9. NAME OF FEDE	RAL AGENCI.	
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OMB Approval No.2501-0017 (exp. 03/31/2005)

Application for Federal Assistance

U.S. Department of Housing and Urban Development

Type of Submission		2. Date Su	bmitted	4. HUD Application Number	
X Application	Preapplication	3. Date an	d Time Received by HUD	5. Existing Grant Number	
				6. Applicant Identification Nur	nber
7. Applicant's Legal Name	Mountain Valley Elder Ca	are	8. Organizational Unit	N/A	
9. Address (give city, county, State,	and zip code)		10. Name,title,telephone number,fa	ax number, and e-mail of the p	person to be
A. Address: P. O. Box 1577			contacted on matters involving this	application (including area co	odes)
B. City: Hayfork			A. Name: Larry McCord		
C. County: Trinity			B. Title: President		
D. State: California			C. Phone: 530/628-9250	·,	
E. Zip Code:96041			D. Fax: 530/728-9270		
			E. E-mail:		
11. Employer Identification Number	(EIN) or SSN		12. Type of Applicant (enter appro	priate letter in box)	N
	30557		A. State	I. University or College	
91-19	30337		B. County	J. Indian Tribe	
13. Type of Application			C. Municipal	K. Tribally Designated House	sing Entity (TDHE)
X New Continuation	Renewal F	Revision	D. Township	L. Individual	J , , ,
A IVEW CONGINGATION	, Keriewai	(01)01011	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters	in hoy(on)	7	F. Intermunicipal	N. Non-profit	
• • • • • • • • • • • • • • • • • • • •	lead by	_	,		,
A. Increase Amount B. Decrease An) II	G. Special District	O. Public Housing Authority	
D. Decrease Duration E. Other (Spe	City)		H. Independent School District	P. Other (Specify)	
			14. Name of Federal Agency	and Urban Davalanmant	
	(0554)		U.S. Department of Housing	A 1000	The state of the s
15. Catalog of Federal Domestic Ass		- 181	16. Descriptive Title of Applicant's	Program	VED
Title:			•	JUN	2 202
Component Title:					o 2004
17. Areas affected by Program (bord Indian Reservation, etc.)	oughs, cities, counties, St	ates,		STATE CLEAR!	NO
mulan reservation, etc.)		:		7 (1)	NG HOUSE /
18a. Proposed Program start date	18b. Proposed Program	end date	19a. Congressional Districts of Ap 2nd	plicant 19b. Congressional Program	Districts of 2nd
20. Estimated Funding: Applicant r	nust complete the Fund	ling Matrix	on Page 2.	,	
21. Is Application subject to review b					
			he State Executive Order 12372 Pr	cooss for ravious and Data 6/4	/04
		avaliable to t	The State Executive Order 1237211	ocess for review off. Date	
- *	vered by E.O. 12372				
	been selected by State fo	-1			
22. Is the Applicant delinquent on ar Yes If "Yes," explain below	·	X No n.			
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Fund	ing I	Vlatrix
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Grant Program'	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	1,067,733.00	3,000.00							1,070,783.00
									0.00
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was an adding a									0.00
									0.00
Grand Totals	1,067,733.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,070,733.00

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or extempting to influence the persons listed above, I shall complete and submit Slandard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official Name (printed)	Larry McCord
President Date ((mm/dd/yyyy) 06/04/2004

May 28, 2044 State Application Pro-application Pro-applic	APPLICATION FOR FEDERAL ASSISTANC	F	2. DATE SUBMITTED		Applicant Ider	Version 7/
Application Pre-application Construction Construction Non-Construction Non		_		/ QTATE		
Organizational Unit Department Departm		Pre-application	3. DATE RECEIVED BY	SIAIE	State Applica	uon identifier
S. APPLICANT INFORMATION Legal Name Insperial Valley Food Painty date Imperial Valley Food Bank Organizational Unit: Department No. Competitions of UNIS INFB 9006413 (18 B) INFB 9006413		1	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Legal Name						
Imperial yearly 1000 Palmy Cold Imperial Valley Food Balls Viril 604011210 Name and telephone number of person to be contacted on runoving like application (give area code) Application of the special Road, Post Office Box 4406 Circle 2329 Application Cold and a special Road, Post Office Box 4406 Circle 3249 Application Cold and a special Road, Post Office Box 4406 Circle 3259 Application Cold and a special Road, Post Office Box 4406 Circle 3259 Application Cold and a special Road, Post Office Box 4406 Circle 3259 Application Cold and a special Road, Post Office Box 4406 Circle 3259 Application Cold and a special Road, Post Office Box 4406 Circle 3259 Application Cold and a special Road, Post Office Box 4406 Country Country Country Country Circle 3259 Code Suffice Suffice Road, Post Office Box 4406 Circle 3259 Code Suffice Suffice Road, Post Office Box 4406 Country Country Country Country Circle 3259 Code Suffice Road, Post Office Box 4406 Circle 3259 Code Suffice Road, Post Office Box 4406 Circle 3259 Code Suffice Road, Post Office Box 4406 Circle 3259 Code Suffice Road, Post Office Box 4406 Circle 3250 Code Control Code Road, Post Office Box 4406 Circle 3250 Code Suffice Road, Post Office Box 4406 Circle 3250 Code Suffice Road, Post Office Box 4406 Circle 3250 Code Road, Post Office Road			***************************************		l Unit:	
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Executive Director 760-370-0966	oud a same a service of the service	MARKET LA COLOR	23.77.7	<u> </u>	1/A	
	Executive Director					give area code)
Signature of Authorized Representative e. Date Signed May 28, 2004		sentative	to president and the street of	e.	Date Signed	
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JUN 3 2004			JUN 3 2004			

STATE CLEARING HOUSE

PLICATION FOR DERAL ASSISTANCE		2. DATE SUBMITTED	6/3/04	Applicant Ident	titier
YPE OF SUBMISSION:		3. DATE RECEIVED BY		State Applicati	on Identifier
lication	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	lier
Construction	Construction	4. DATE RECEIVED D	(CDEIO(E)(Cmits		
Non-Construction	Non-Construction	<u>n </u>			
PPLICANT INFORMATION	1		Organizational Unit		
al Name:			Department:		
Avenue Community Foun	dation, inc.		Division:		
anizational DUNS:	1822		1	a mumber of pe	erson to be contacted on matters
lress:			Involving this appli	cation (give are	ea code)
eet: 712 East Villa Street			Prefix:	First Name:	Andy
7 12 2200			Mr. Middle Name		Aridy
/: Pasadena			J.		
unty:			Last Name Ba	les	
Los Angeles te:	Zip Code		Suffix:		
California	91101		Email:	eave om	
untry: United States of Ame			andyb@lak Phone Number (give		Fax Number (give area code)
EMPLOYER IDENTIFICATI			(626) 449-4960	· · · ·	(626) 449-5030
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orthwest Pasadena, Los An	geles County, CA		14 CONGRESSIC	NAL DISTRICT	S.OF: TALLEGISEARING HOUSE
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ast Name				Telephone Num	ber (give area code)
Bales					
Bales Title Executive Direction	ctor	, ,		(626) 449-4960	
Title	ctor epresentative	Bale			Standard Form 424 (Rev.9-

OMB Approval No. 0348-0043 APPLICATION FOR 2 DATE SUBMITTED Applicant Identifier May 24, 2004 FTA 9016 FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Applicant Identifier Application Preapplication □ Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Golden Gate Bridge, Highway and Transportation District/ Address (give city, county, state, and zip code) and telephone number of the person to be contacted on matters involving this application area code) P.O. Box 9000, Presidio Station Nina Rannells, Capital and Grant Programs Manager San Francisco, CA 94129 415) 923-2327 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 4 6 State H. Independent School Dist. SE State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: Municipal Private University Indian Tribe Township New New ☐ Continuation ☐ Revision E. Interstate Individual Intermunicipal Profit Organization M. Special District Other (Specify) If Revision, enter appropriate letter(s) in box(es): A Increase Award B. Decrease Award C. Increase Duration 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): Federal Transit Administration 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 5 0 0 ASSISTANCE NUMBER: FY 2004 Capital Assistance for various projects including Larkspur Larkspur Dredging, Ferry Major Components Rehabilitation, and TITLE: Federal Transit - Capital Investment Grants Fixed Guideway Connector 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Marin, San Francisco 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 6 and 8 1, 6, 8, 12 07/01/2003 12/31/2007 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 2,490,827.00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ 622,707.00 DATE May 24, 2004 c. State \$ 0.00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ 0.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ 0.00 Yes No. If "Yes," attach an explanation. g. TOTAL \$ 3,113,534.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title c. Telephone number Celia G. Kupersmith General Manager (415) 923-2203 d. Signature of Authorized Representative e. Date Signed

Standard For 424

Prescribed by OMB Circular A-102

(REV. 4-92)

Previous Editions Usable Authorized for Local Reproduction 7074620654

	E	2. DATE SUBMITTED June 3. 2004		Applicant iden	iller
TYPE OF SUBMISSION:				State Applicati	on Identifier
application	Pre-application			Federal Identif	ler
Construction	Construction		I EBLIOTE MOERT	1 323/6// 12//	100
Non-Construction APPLICANT INFORMATIC	Non-Construction				
gal Name:			Organizational Unit:		
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ganizational DUNS:			Division:		
73193443 ddress:			Name and telephon	e number of pe	rson to be contacted on matter
reet;			involving this applic	ation (give are	a code)
B North State Street		•	Prefix: Ms.	First Name: Kathleen	
ity; kiah	,		Middle Name Ann		
ounty;			Last Name		Attitude of the second of the
lendocino	17: 0 1		Stone Suffix:		
tate; alifornia	Zip Code 95482	•	Sunia.		
ountry: nited States of Amercia			Email: ucced@pacific,net		
EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
23-774167	<u></u>		(707) 462-8879		(707) 462-0654
TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
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ther (specify)			9. NAME OF FEDER DHHS-ACF/OCS	RAL AGENCY;	
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ITLE (Name of Program);		93-571	food distribution and individuals in rural M	I nutrition educa	tion to low-income and minority
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Jkiah & Willits cities plus ma					
3. PROPOSED PROJECT	Try difficulty of areas	Or Mendoome deality, or a	14. CONGRESSION	IAL DISTRICTS	OF:
tart Date:	Ending Date:		a. Applicant		b. Project
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ideni	Version 7/03
1. TYPE OF SUBMISSION:	T	June 3, 2004 3, DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	S, DATE RECEIVED BY	51A12	Otate Application	or identifier
Construction	Construction	4, DATE RECEIVED BY	FEDERAL AGENO	Y Federal Identifi	er
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	V		Organizational L	Jnit:	
Ukiah Community Center			Department: Food Bank		
Organizational DUNS:			Division:		
073193443 Address:			Name and telept	one number of per	son to be contacted on matters
Street:			involving this ap	plication (give area	
888 North State Street			Prefix: Ms,	First Name: Kathleen	
City: Ukiah			Middle Name	•	
County:			Last Name		
Mendócino State:	Zlp Code		Stone Suffix:		
State: California	95482				
Country: United States of Amercia			Email: ucced@pacific.ne	et	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	rive area code)	Fax Number (give area code)
23-774167	<u> </u>		(707) 462-8879		(707) 482-0654
8. TYPE OF APPLICATION:	_		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
		n Revision	0		
(See back of form for descriptio			Other (specify)		
Other (specify)		· [_]	9. NAME OF FEI DHHS-ACF/OCS	DERAL AGENCY:	And the Management of the Control of
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER: "	11. DESCRIPTIV	E TITLE OF APPLI	ANT'S PROJECT:
TITLE (Name of Program);		93-571	food distribution		ity building project to increase on to low-income and minority /, California.
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countie	s, States, etc.):			
Ukiah & Willits cities plus many	unincorporated areas o	Mendocino County, CA.			
13. PROPOSED PROJECT			14. CONGRESSI	IONAL DISTRICTS	OF:
Start Date: October 1, 2004	Ending Date: September 30, 200		a. Applicant		b. Project 01
15, ESTIMATED FUNDING:	Gepterriser 50, 200			TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
e. Federal		pq	ORDER 12372 PI		APPLICATION WAS MADE
		50,000	a. Yes, IL AVA	ILABLE TO THE STA	ATÉ EXECUTIVE ORDER 12372
b, Applicant	, .	71,271	\$.	CESS FOR REVIEW	
c. State	3	.00	DATI	E: gune 3 2	4004
d, Local	3	- 00			ERED BY E. O. 12372
e. Other		DE T		POGRAM HAS NO	T BEEN SELECTED BY STATE
		185,495	'- FOR	REVIEW	
f. Program Income)		17. IS THE APPL	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	5	306,766	Yes If "Yes" a	ittach an explanation	, 🖭 No
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	F. ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PREA	PPLICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS	AWARDED.	· · · · · · · · · · · · · · · · · · ·		
Prefix Ms.	First Name Kathleen			iddle Name	,
Last Name	Variabell			Ann	
Sione b, Title					
Executive Director			\(7	Telephone Number 707) 462-8879	(givo area code)
d. Signature of Authorized Repr	rescritative		2 [7] e	Date Signed une 3, 2004	
Previous Edition Usable		E 6 E 1 V	<u> </u>		Standard Form 424 (Rev.9-2003
Authorized for Local Reproduct					Prescribed by OMB Circular A-102
	(UI)	MANO C MILL			
		JUN - 3 2004		and the second second	
					 Orași de la construită de la construita de l
	CTA	TE CLEARING H	HOUSE		

APPLICATION FOR FEDERAL ASSISTANT	CE	2. DATE SUBMITTED	·J	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	<u> </u>	State Application Identifier
Application	Pre-application	6/4/4		1 100625251
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AG	
Non-Construction	Non-Construction	6/7/7		123-7111-782
Legal Name;			Organization	al Unit:
FOOD BANKOFY	OLO COUNTY		Department:	V/A
Organizational DUNS:	80-4567	78	Division:	1/4
Address:			Name and te	ephone number of person to be contacted on matters
1	RTNA AVENUE		Prefix:	s application (give area code) First Name:
City,	_		Middle Name	R. JOSE
County: WOODLA	ND			
7010		•	Last Name MA-RTI	VEZ
State: CALIFORNIA	Zip Code 9577	6	Suffix:	
Country: USA			Email:	USEM DECOARANTY ORGI
G. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	· ·		O SEM DFOODBANKYC. OR G
23-700048	2	·		68-0690 (536) 668-8530
B. TYPE OF APPLICATION:	/ m.	,	7. TYPE OF A	PPLICANT: (See back of form for Application Types)
If Revision, enter appropriate i	etter(s) in box(es)	n f. Revision		
(See back of form for description	on of letters.)	٦٦	Other (specify)	
Other (specify)	, <u>–</u>		8. NAME OF F	EDERAL AGENCY:
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIP	MENT OF HEALTH & H.M.A.N SERVICES TIVE TITLE OF APPLICANT'S PROJECT:
	•	913-SEO	NUTRITIO.	N EDUCATION PROBRAM
TITLE (Name of Program):	AND NUMBERTAN DA	4-162 WILLI	•	
TITLE (Name of Program): COMMUNITY FOOD! 12. AREAS AFFECTED BY P	ROJECT (Cities, Counties	, States, etc.):	1	
YOLO COU	VTY, CALIFOR	NIA		
13. PROPOSED PROJECT Stert Date:	Ending Date:		14. CONGRES	SIONAL DISTRICTS OF:
9/2004	9/200	5		1 AND 2 1 AND 2
16. ESTIMATED FUNDING:	<u> </u>	,	16. IS APPLIC ORDER 12972	ATION SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
a. Federal	50,000,00	, wo	A VAC IT	IIS PREAPPLICATION/APPLICATION WAS MADE /AILABLE TO THE STATE EXECUTIVE ORDER 12372
b. Applicarii	2, 396,62		7	COCESS FOR REVIEW ON
c. State	5 0	w	DA	TE: 6/3/4
d. Local		W.	ــ ــ	OGRAM IS NOT COVERED BY E. O. 12372
e. Other	0			PROGRAM HAS NOT BEEN SELECTED BY STATE
	<u>' 0</u>	,	1 = FO	R REVIEW
1, Program Income	0		17. IS THE API	PLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	52,396,62		☐ Yes II Yes	struch an explanation.
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AV	VARDED.	THE APPLICANT	AND THE APPLICANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		1	Middle Name
1/4/5	JOSE			
Last Name MARTINEZ			1	Suffix
O. THIS EXECUTIVE	DIRECTOR			Telephone Number (give area coda)
1. Signature of Authorized Repri		EGEIV	E n e	Date Signed
Provious Edition Usable				Standard Form 424 (Rev.9-2003)
Mulhorized for Local Reproduction	ov []	11111 2 000		Prescribed by OMB Circular A-102
		JUN - 3 200	4 1	
· ·				
	STA	TE CLEARING	HOUSE	
	017	t i bess to be bar / il \ il \ i \ i	11000	

15:14

EDERAL ASSISTANCE		2: DATE SUBMITTED		Applicant Iden	
TYPE OF SUBMISSION:		3, DATE RECEIVED BY	TATE	State Applica	tion Identifier
phication	Pre-application			C- Naval Var -4	For
Construction	Construction	4. DAYE RECEIVED BY	FEDERAL AGENCY	Federal Ident	i) loi
Non-Construction	Non-Construction				
PPUCANT INFORMATION	·		Organizational Unit		
a) Name:			Dopartment		
y Area Partnership			Division;	·	
penizational DUNS: 7455237		,			and to be controled as smaller
dress:	. 3		Name and telephon involving this appli	e number of p cation (give ar	erson to be contacted on matte na code)
eet.		IN - 2 2004	Prafoc:	First Name:	
12 Broadway, 5th Floor		And Laction I	Ms. Middle Namo	Deanna	
y: akland					
unty:	STATEC	LEARING HOUS	-kast Namo Niebuhr		
ameda	Zin Code	LLMMO 11000	Suffix:		
rto:	Zip Code 94612		F		
untry: S.A.	4.0		Email: deanna.niebuhr@ba		
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
04-365352	• •	•	(510) 545 4207 x10		(510) 763-1974
TYPE OF APPLICATION:			7. TYPE OF APPU	CANT: (See be	ck of form for Application Types)
Ø N	ew 🖺 Continuat	ion 🔲 Revision	O. Not for Profit Org	anization	
evision, anter appropriate la	mer(s) in box(es)		Other (specify)		
se back of form for description	on or ieners.)				
her (specify)	· —		9. NAME OF FEDE	RAL AGENCY; ıan Services - A	dministration for Children & Fam
. CATALOG OF FEDERAL	, DOMESTIC ASSISTA	93-571	11. DESCRIPTIVE Child and Commun	TITLE OF APP	LICANT'S PROJECT:
TLE (Name of Program):		93-571	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
TLE (Name of Program):		93-571	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
TLE (Name of Program): 2. AREAS AFFECTED BY F chool Districts, Cities, Count	PROJECT (Cities, Count	93-571	11. DESCRIPTIVE Child and Commun	TITLE OF APPI Ity Nutrition Pro	LICANTS PROJECT:
TLE (Name of Program): . AREAS AFFECTED BY F chool Districts, Crites, Count I. PROPOSED PROJECT	PROJECT (Cities, Count ties	93-571	11. DESCRIPTIVE Child and Commun	TITLE OF APPI Ity Nutrition Pro	icant's PROJECT: ject S OF:
TLE (Name of Program): AREAS AFFECTED BY F chool Districts, Cities, Count I. PROPOSED PROJECT but Date:	PROJECT (Cities, Count	93-571	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant	TITLE OF APPI Ity Nutrition Pro	S OF: b, Project Bth, 7th, 8th, 9th, 13th and 14th
TLE (Name of Program): . AREAS AFFECTED BY F chool Districts, Critics, Count b. PROPOSED PROJECT cart Date: 0/01/04	PROJECT (Cities, Count ties Ending Date:	93-571	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO	TITLE OF APPI Ity Nutrition Pro NAL DISTRICT	S OF: b, Project bth, 7th, 8th, 9th, 13th and 14th continued by STATE EXECUT
TLE (Name of Program): 2. AREAS AFFECTED BY F chool Districts, Crities, Count 3. PROPOSED PROJECT birt Date: 0/01/04 5. ESTIMATED FUNDING:	PROJECT (Cities, Count ties Ending Date: 09/30/05	93-571	14. CONGRESSION 14. CONGRESSION 14. CONGRESSION 16. IS APPLICATION ORDER 12372 PRO	NAL DISTRICT ON SUBJECT 1	S OF: b. Project b. Project bth, 7th, 8th, 9th, 13th and 14th continued by STATE EXECUTION/APPLICATION WAS MADE
TLE (Name of Program): C. AREAS AFFECTED BY F Chool Districts, Cities, Count D. PROPOSED PROJECT Dart Date: DI01/04 S. ESTIMATED FUNDING: Federal	PROJECT (Cities, Count ties Ending Date:	93-571	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATO ORDER 12372 PRO a. Yes. This F	NAL DISTRICT ON SUBJECT TO SEE SPELICATION SUBJECT TO SEE SPELICATION SUBJECT TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	SOF: b. Project b. Project bt. 7th, 8th, 9th, 13th and 14th o review by State execution/Application was made
TLE (Name of Program): AREAS AFFECTED BY F chool Districts, Cities, Count PROPOSED PROJECT Darto Date: 1/01/04 5. ESTIMATED FUNDING: Federal	PROJECT (Cities, Count ties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC	NAL DISTRICT DO SUBJECT TO DESS? REAPPLICATION ABLE TO THE SESS FOR REVI	SOF: b. Project b. Project bt. 7th, 8th, 9th, 13th and 14th o review by State execution/Application was made
TLE (Name of Program): 2. AREAS AFFECTED BY Fichool Districts, Cities, Count a. PROPOSED PROJECT test Date: 0/01/04 5. ESTIMATED FUNDING: . Federal . Applicant	PROJECT (Cities, Count ties Ending Date: 09/30/05	93-571	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PROC a. Yes. AVAIL PROC	NAL DISTRICT NAL DISTRICT ON SUBJECT 1 OCESS? REAPPLICATION ABLE TO THE SESS FOR REVI	SOP: b. Project b. Project bt. 7th, 8th, 9th, 13th and 14th or continuous project continuous projec
ITLE (Name of Program): 2. AREAS AFFECTED BY Fichool Districts, Crities, Count 3. PROPOSED PROJECT that Date: 0/01/04 6. ESTIMATED FUNDING: Federal Applicant State	PROJECT (Cities, Count ties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	14. CONGRESSION 14. CONGRESSION 14. CONGRESSION 14. CONGRESSION 15. IS APPLICATION 16. IS APPLICATION 17. IS APPLICATION 18. Yes. THIS F AVAILA PROC. OATE:	NAL DISTRICT NAL DISTRICT ON SUBJECT 1 OCESS? REAPPLICATION ABLE TO THE SESS FOR REVI	SOF: b. Project b. Project bt. 7/tr. 8th. 9th. 13th and 14th o review by State execution/Application was made state executive order 125
TLE (Name of Program): E. AREAS AFFECTED BY F chool Districts, Cities, Count B. PROPOSED PROJECT DISTRICT DIST	PROJECT (Cities, Counties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 18. IS APPLICATIO ORDER 12372 PRO a. Yes. AVAIL PROCIO	NAL DISTRICT NAL DISTRICT DO SUBJECT 1 DESS? REAPPLICATION ABLE TO THE SESS FOR REVI 06/02/04 RAM IS NOT C	SOF: b. Project b. Project bt. Proj
TLE (Name of Program): 2. AREAS AFFECTED BY F chool Districts, Cities, Count 3. PROPOSED PROJECT bert Date: 0/01/04 5. ESTIMATED FUNDING: Fedoral . Applicant . State . Local	PROJECT (Cities, Count ties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. AVAIL PROC OATE: b. No. III PROG	NAL DISTRICT NAL DISTRICT NAL DISTRICT NEAPPLICATION REAPPLICATION OB/02/04 RAM IS NOT C	D. Project b. Project bth, 7th, 8th, 9th, 13th and 14th or review by state execution/application was made state executive order 12th ew on overed by E. O. 12372 NOT BEEN SELECTED BY STATE
TLE (Name of Program): 2. AREAS AFFECTED BY Fichool Districts, Cities, Count a. PROPOSED PROJECT test Date: 0/01/04 5. ESTIMATED FUNDING: . Federal . Applicant . State . Local	PROJECT (Cities, Counties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. AVAIL PROC OATE: b. No. III PROG	NAL DISTRICT NAL DISTRICT NAL DISTRICT NEAPPLICATION REAPPLICATION OB/02/04 RAM IS NOT C	D. Project b. Project bth, 7th, 8th, 9th, 13th and 14th or review by state execution/application was made state executive order 12st ew on overed by E. O. 12372
TLE (Name of Program): 2. AREAS AFFECTED BY Fichool Districts, Cities, Count a. PROPOSED PROJECT test Date: 0/01/04 5. ESTIMATED FUNDING: Fedoral Applicant State Local Other	FROJECT (Cities, Counties Ending Date: 09/30/05	9 3 - 5 7 1 ies, States, etc.):	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG TO OR PR FOR R 17. IS THE APPLICATION OR PROG TO OR P	NAL DISTRICT NAL DISTRICT ON SUBJECT 1 OCESS? REAPPLICATION ABLE TO THE SESS FOR REVI OG/O2/O4 RAM IS NOT C COGRAM HAS I EVIEW CANT DELING	SOF: b. Project c. Name c
TLE (Name of Program): P. AREAS AFFECTED BY Formal Districts, Critics, County Proposed Project Dart Date: On 1704 ESTIMATED FUNDING: Federal Applicant State Local Other Program Income	Ending Date: 09/30/05 S S S S S	9 3 - 5 7 1 ies, States, etc.):	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG OR PR 17. IS THE APPLIC	TITLE OF APPI ITY NUTITION PRO NAL DISTRICT DOCESS? REAPPLICATION ABLE TO THE S ESS FOR REVI 06/02/04 RAM IS NOT C COGRAM HAS I EVIEW CANT DELING	ETEILE AND CORRECT. THE
TLE (Name of Program): C. AREAS AFFECTED BY F chool Districts, Cities, Count Detail Date: 0/01/04 S. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL	Ending Date: 09/30/05 \$ \$ \$ NOWLEDGE AND BELLY AUTHORIZED BY T	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG OR PR 17. IS THE APPLIC	TITLE OF APPI ITY NUTITION PRO NAL DISTRICT DOCESS? REAPPLICATION ABLE TO THE S ESS FOR REVI 06/02/04 RAM IS NOT C COGRAM HAS I EVIEW CANT DELING	SOF: b. Project b. Project bt. 7th, 8th, 9th, 13th and 14th conversely by State execution/application was made state executive order 12sew on conversely by e. o. 12972 cot been selected by State executive order 12sew on cot been selected by State executive order 12sew on cot been selected by State executive order 12sew order cot been selected by State executive order 12sew order cot been selected by State executive order cot been selected by State
TLE (Name of Program): P. AREAS AFFECTED BY F Chool Districts, Cities, Count PROPOSED PROJECT But Date: 0/01/04 D. ESTIMATED FUNDING: Fedoral Applicant State Local Other Program Income TOTAL R, TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES	FROJECT (Cities, Counties Ending Date: 09/30/05 \$ \$ \$ \$ NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE I	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG FOR R 17. IS THE APPLICANT A PLICATION/PREAPI	TITLE OF APPLITY NUTTION PROPERTY TO THE SUBJECT TO CESS? REAPPLICATION ABLE TO THE SESS FOR REVIEW CAM HAS INCOME. TO CHARACTURE TO CAMPAND THE APPLICATION AREA TO THE APPLI	ETDILE AND CORRECT. THE
TLE (Name of Program): AREAS AFFECTED BY Fochool Districts, Critics, Count PROPOSED PROJECT But Date: 1/01/04 ESTIMATED FUNDING: Fedoral Applicant State Cother Program Income TOTAL TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative	Ending Date: 09/30/05 S S NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE I	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG FOR R 17. IS THE APPLICANT A PLICATION/PREAPI	TITLE OF APPI ITY NUTITION PRO NAL DISTRICT DOCESS? REAPPLICATION ABLE TO THE S ESS FOR REVI 06/02/04 RAM IS NOT C COGRAM HAS I EVIEW CANT DELING	ETELLE AND CORRECT. THE
TLE (Name of Program): AREAS AFFECTED BY F chool Districts, Cities, Count PROPOSED PROJECT art Date: ./(01/04 ESTIMATED FUNDING: Fedoral Applicant State Local Other Program Income YOTAL 8, TO THE BEST OF MY K OCUMENT HAS BEEN DU TTACHED ASSURANCES Authorized Representative	FROJECT (Cities, Counties Ending Date: 09/30/05 \$ \$ \$ \$ NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE I	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. OESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F AVAIL PROC OATE: b. No. PROG FOR R 17. IS THE APPLICANT A PLICATION/PREAPI	NAL DISTRICT NAL DISTRICT NAL DISTRICT DESS? REAPPLICATION ABLE TO THE SESS FOR REVI O6/02/U4 RAM IS NOT COORAM HAS I EVIEW CANT DELING ach an explana PLICATION AR NO THE APPLI die Name	ETDILE AND CORRECT. THE
TLE (Name of Program): AREAS AFFECTED BY February Districts, Cities, Country Description of Proposed Project and Date: 1/01/04 ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL NOTHE BEST OF MY K OCUMENT HAS BEEN DUITACHED ASSURANCES Authorized Representative performances.	Ending Date: 09/30/05 S S NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE I	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 18. IS APPLICATION ORDER 12372 PRO ORDER 12372 PRO OATE: b. No. III PROG OATE: b. No. III PROG TOR PR FOR B 17. IS THE APPLICATION PROG THE APPLICATION Suffered The APPLICANT A	NAL DISTRICT NAL DISTRICT NAL DISTRICT OF SUBJECT 1 OCESS? REAPPLICATION ABLE TO THE SESS FOR REVI OF OCCUPANT OF THE SESS FOR REVI COGRAM HAS I EVIEW CANT DELING COCKAM TO THE APPLICATION AR ND THE APPLICATION AR ND THE APPLICATION ALABRADON NUTTER CALABRADON NUT	SOF: D. Project D. Project
TLE (Name of Program): AREAS AFFECTED BY F chool Districts, Critics, Count I. PROPOSED PROJECT Dart Date: I)(01/04) ESTIMATED FUNDING: Fedoral Applicant State Local Other Program Income TOTAL TOTAL TOTAL TOTAL TOTAL Authorized Representative Steffs Authorized Representative This	Ending Date: 09/30/05 S S NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE I	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 18. IS APPLICATION ORDER 12372 PRO ORDER 12372 PRO OATE: b. No. III PROG OATE: TYOS IF "Yes" alt PLICATION/PREAPITHE APPLICANT A Mid Suf	NAL DISTRICT NA	SOF: D. Project D. Project
D. CATALOG OF FEDERAL ATLE (Name of Program): 2. AREAS AFFECTED BY F School Districts, Cities, Count 3. PROPOSED PROJECT Chart Date: 0/01/04 6. ESTIMATED FUNDING: 1. Applicant 1. Applicant 2. State 1. Local 2. Other 2. Program Income 3. TOTAL 18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES A. Authorized Representative Preck Last Name Peck Last Name Peck 1. Signature of Authorized Re Executive Ofrector 1. Signature of Authorized Re Executive Ofrector 4. Signature of Authorized Re	Ending Date: (99/30/05) \$ \$ NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE In Jennifer	93-571 ies, States, etc.): 50,000 70,000 120,000 IEF, ALL DATA IN THIS AP HE GOVERNING BODY OF	11. DESCRIPTIVE Child and Commun 14. CONGRESSIO a. Applicant 9th 18. IS APPLICATION ORDER 12372 PRO a. Yes. AVAIL PROC OATE: b. No. PROG OATE: 17. IS THE APPLICATION PROG THE APPLICATION ORDER 12372 PRO OATE: b. No. PROG OATE: CONTROL OATE	NAL DISTRICT NAL DISTRICT NAL DISTRICT OF SUBJECT 1 OCESS? REAPPLICATION ABLE TO THE SESS FOR REVI OF OCCUPANT OF THE SESS FOR REVI COGRAM HAS I EVIEW CANT DELING COCKAM TO THE APPLICATION AR ND THE APPLICATION AR ND THE APPLICATION ALABRADON NUTTER CALABRADON NUT	SOF: D. Project D. Project

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED 6/7/04		Applicant Identifier
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Foderal (dentifier
Non-Construction	X Non-Construction	4. BATE RECEIPED B.	TEDETOCHOCKO	- edotal lashwisi
S. APPLICANT INFORMATION		vine and the second		
Legal Name: Tri-County Economi		rporation	Organizational Unit:	
Address (give city, county, State,	•		Name and telephone r this application (give a	number of person to be contacted on matters involving
3120 Cohasset Road Chico, Butte County			Mare, Nemanic	, Executive Director
	15	<u> G E I V E</u>		
6. EMPLOYER IDENTIFICATION	A NOWBER (EM)	based to a	17. TYPE OF APPLICA	ANT: (enler appropriate letter in box)
6 8 -0 0 6 5	8 7 3	HIM 2 2004	AlSiale	H. Independent School Dist.
B. TYPE OF APPLICATION:		UUN 2 2004	B-County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal D. Township	J. Private University
f Revision, enter appropriate tetti	er(e) in box(es)	t MEADING HO	Engleratate	K, Indian Tribe L. Individual
	SIAL	<u> LULANINO IN</u>	F. Intermunicipal	M. Profit Organization EDD
	rease Award C. Increase	Duration .	G. Special District	N. Other (Specify)
O. Decrease Duration Other(s	specify);		9. NAME OF FEDERA	AL AGENCY:
			8. NAME OF FEDERA	REAGENCY:
	The state of the s			
IO. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI	JMBER:	11, DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
		10 - 773		nt of Economic Development
Tale Rural Rue	iness Opportunit		700	for Glenn County General
2. AREAS AFFECTED BY PRO			Plan, and	Willows and Orland General
Glenn County, City			Plans.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		•
Start Date Ending Date	a. Applicant	4.0	b. Project	^
9/1/04 8/31/06	2			2
is. Estimated funding:				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$	66	ORDER 12372 PR	OCESS?
	30,000	i	a. YES, THIS PREA	APPLICATION/APPLICATION WAS MADE
o. Applicant	5	OD	''' ''= '====	TO THE STATE EXECUTIVE ORDER 12372
- C(-)-	31,000	85	PROCESS	FOR REVIEW ON:
c. State	\$	•**	DATE	6/2/04
1. Local	\$, as		
		and a standard and a second and	4 " "	AM IS NOT COVERED BY E. O. 12372
a. Other	5	ω,	_	GRAM HAS NOT BEEN SELECTED BY STATE
. Program Income	\$	Qσ	FOR REV	(LEVV
. Fregram illiconte	.	•	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
, TOTAL	\$ 61,000	QD	1	attach en explanation.
8. TO THE BEST OF MY KNOW	-	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN OULY	AUTHORIZED BY THE GO	VERNING BODY OF TH		HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSOCIATIONS IF I		RDED. b. Tille	× 4 ~ 1	c. Telephone Number
Marc Manageric		Executive Di	rector	(530) 893 ~ 8732
	entative	A 1 (e. Date Signed
אלאלאלאלאלאלאלאלאלאלאלאל	//			

APPLICATION FOR FEDERAL ASSISTANCE	E ·		2. DATE SUBMITTED		Applicant Id	Version 7
1. TYPE OF SUBMISSION;			February 25, 2004 (F	Revised May 21, 2004)		
Application	Pre-applicati	on	3. DATE RECEIVED B	Y STATE	State Applic	ation Identifler
Construction	Construc	tion	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ider	ntifier
Non-Construction	Non-Cons					
5. APPLICANT INFORMATIO Legal Name:	N					
County of San Joaquin				Organizational Un Department:	it:	
Organizational DUNS:				Depa	artment of Aviation	on
08722 6056				Division:		
Address: Street:		F	EGE IV	Name and telepho	ne number of p	person to be contacted on matters
5000 South Airport Way		llnl_		Prefix:	lication (give ar	rea code)
City		1124		Mr.	First Name: Barry	
City: Stockton			JUN - 2 200	4 Middle Name		
County: San Joaquin				Last Name Rondinella		
State: California	Zip Code	 		Suffix		
Country:	95206	LOTA:	TE CLEARING	MUCL		
USA		DIM	L OFFWIIIAO	brondinella@sigov.	Ota	
6. EMPLOYER IDENTIFICATION		:IN):	***************************************	Phone Number (give		Fax Number (give area code)
94-600053				(209) 468-4700		(209) 468-4730
8. TYPE OF APPLICATION:				7. TYPE OF APPLI	CANT: (See bad	ck of form for Application Types)
☐ Ne If Revision, enter appropriate let	w 🔲 Cor	ntinuation	Revision	B. County	(222,22	sy or rount or Application ()hes)
(See back of form for description	ter(s) in box(es) 1 of letters.)			Other (specify)		
	•	В				
Other (specify) Changed scope of project.				9. NAME OF FEDER Federal Aviation Add	RAL AGENCY:	3.1 S.
10. CATALOG OF FEDERAL	DOMESTIC AS	SISTANC	E NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PR San Joaquin County, California	OJECT (Cities,	Counties,	2 0-1 0 6 States, etc.):	Stockton Metropolita Seasonal Wetland Reconstruct Gene	an Airport, Stock ds Mitigation eral Aviation Apr	ton, San Joaquin County, California
13. PROPOSED PROJECT						
Start Date:	Ending Date	•		14. CONGRESSION a. Applicant	AL DISTRICTS	
2004	2004	•		a. Applicant		b. Project
15. ESTIMATED FUNDING:				16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$			00	UKUEK 12372 PRO	CESS?	VAPPLICATION WAS MADE
b. Applicant \$			1,500,000	J AVAILAL	SLE TO THE ST.	ATE EXECUTIVE ORDED 12272
c. State \$			78,948	PROCES	SS FOR REVIEW	∨ он
c. State			0	DATE: N	Лау 24, 2004	
d. Local \$	-		00	rm PROGRA	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$			0 '	-		
f. Program Income \$			0 '	FOR REV	V(E\Λ	T BEEN SELECTED BY STATE
			0 ,	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			1 579 049	F Van 15 "V" -"		r
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND	BELIEF.	. 1,578,948 '	Yes If "Yes" attack		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED E	Y THE G	OVERNING BODY OF	HE APPLICANT AND	THE APPLICA	RUE AND CORRECT, THE
a. Authorized Representative	HE ASSISTAN	CE IS AW	ARDED.			
Prefix Mr.	First Name Leroy			Middle	Name	
Last Name	Letoy					
Ornellas Title		-		Suffix		
Chairman, Board of Supervise				c. Tele	phone Number (give area code)
I. Signature of Authorized Repres	entative	00.	^)) 468-3113 Signed	
Previous Edition Usable	V YTW	x X			05-	27-04
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					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Identi	
. TYPE OF SUBMISSION:		May 28, 2004 3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identific	er
Construction	Construction	4. DATE RESCRIPED 5.			
Non-Construction APPLICANT INFORMATION	Non-Construction			- 14-	
_egal Name:			Organizational U		
Association of	Bay Area Gov	ernnents	San Franc	<u>cisco Estu</u>	ary Project
Organizational DUNS: 07-907-3920		N & FA	1	one number of per	son to be contacted on matters
Address: Street:	10 6 6 6		involving this ap		
P.O. Box 2050	112/		Prefix: Ms.	First Name:	rcia
City:	JUN JUN	- 2 2004	Middle Name	r	
Oakland County:			Last Name	Brockbank	
Alameda State:	Zip Code	ARING HOUSE	Suffix:	DEDESDAILS	
() A	1 S 94604E2	ENDIULI ST. 1.	Email:	1.0 - 1	
Country USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN)		Phone Number (g	<u>b2,swrcb.c</u> _{jive area ∞de)}	유, 역이V Fax Number (give area code)
•			510-622-		510-622-2501
94-2832478 8. TYPE OF APPLICATION:	<u>.</u>		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
⊠ Ne		on 🗌 Revision	N -	Local Gove	rnment
f Revision, enter appropriate let See back of form for description	tter(s) in box(es) n of letters.)		Other (specify)	nocar dove	
•	Ш		9. NAME OF FE	DERAL AGENCY:	
Other (specify)		OF NUMBER	US Envir	onmental F 'ETITLE OF APPLI	rotection Agency
10. CATALOG OF FEDERAL					Project Tracker
Wetland Prog. I	Develop. Gra	nts6161-416111	Day Ale	a weerand	1103000 114.0.001
12. AREAS AFFECTED BY P			- ·		
6-10; 12-14; 1					·
13. PROPOSED PROJECT	7,23,24,30,	50,57,10		IONAL DISTRICTS	
Start Date: 9 / 1 / 0 4	Ending Date:	31/05	a. Applicant	9	b.Project see # 12 above
15. ESTIMATED FUNDING:	12/	31703	16. IS APPLICA ORDER 12372 P		REVIEW BY STATE EXECUTIVE
a. Federal	\$.00	C THU	S PREAPPLICATION	I/APPLICATION VAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	162 s	2,525	1 // //	CESS FOR REVIE	W ON
	•	-0-	DAT	E: 5/26/04	
c. State	24	+,175 .00	- nn/		/ERED BY E. O. 12372
d. Local	\$		D. NO. L		T BEEN SELECTED BY STATE
e. Other	\$ 30	,000 . 00	☐ ☐ FOE	REVIEW	
f. Program Income	\$	-0-	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
Ig. Torra	\$ 216	. 00		attach an explanatio	
18. TO THE BEST OF MY KN	LOWE FOOT AND DELLE	E ALL DATA IN THIS AP	PLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE
ATTACHED ASSURANCES I	Y AUTHORIZED BY TH F THE ASSISTANCE IS	AWARDED.	THE APPLICANT	ARD THE ATTERO	ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name			Aiddle Name	
Mr.	Henz	CY		Suffix	
Last Name	Gaxe	lne r	l l		r (give area code)
b. Title Executive D	eputy Digect	tor ,		c. Telephone Numbe 510-464-7	988

b. Title
Executive Deputy Director
d. Signature of Authorized Representative
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Idea	Version 7/0
	1	4	June 2004		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applica	tion Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	fier
Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit		<u> </u>
Girls After School	al Acadomy		Department:		
Organizational DUNS:	or Academy		Division:		
05407518	50	P NO P F			
Address: Street:	HD E G E				rson to be contacted on matters
3543 18th Street, #15	110/-		Prefix: Ms	First Name:	Tonya
City: San Francisco	JUN -	- 2 2004	Middle Name P.		
County: San Francisco State:	Zip Code		Last Name William	S .	
California	210 Code	ARING HOUSE	Suffix: M.P.A.		
Country: San Francisco	QITTI Las Windows	Millionoss	Email: MYQWAN@aol.com		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
94-3136872			415-584-4044		415-406-1922
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
V New		Revision	O - Not for Profit Orga	anization	
If Revision, enter appropriate lette (See back of form for description			Other (specify)		
Other (specify)		LJ	9. NAME OF FEDER DHHS/OCS/ACF	AL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	TLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Community Food and Nutrition F		93-571	"Girls Advocating for	Sustenance Au	tonomy"
12. AREAS AFFECTED BY PRO San Francisco	OJECT (Cities, Counties,	, States, etc.):			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
1 January 2005 15. ESTIMATED FUNDING:	31 Dec	cember 2005	San Francisco-Distric		San Francisco-District 12
			ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		50,000	2 Ves IA THIS PR	EAPPLICATION	NAPPLICATION WAS MADE
b. Applicant \$, DO		IS FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON
c. State \$			DATE: 2	June 2004	
d. Local \$		20,000 '	b. No. PROGRA	M IS NOT COV	/ERED BY E. O. 12372
e. Other \$:	25,000	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$	•	SU SU			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		95,000	☐ Yes If "Yes" attach		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (GOVERNING BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			12.3.		
Prefix Ms	First Name Tonya		Middle	Name P.	
Last Name Williams			Suffix	M.P.A.	
o. Title Executive Director	,			phone Number 584-4044	(give area code)
d. Signature of Authorized Repres	sentative	Postin		Signed 2 June 2004	
Previous Edition Usable			~		Standard Form 424 (Rev.9-2003

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	June 2004	Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Applicati	on Identifier
Application	Pre-application				
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ier
✓ Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational U	Init:	
Girls After Scho	al Acadomy		Department:		
Organizational DUNS:		原用型层 面	Division:		
0540751	50 DEG				
Address: Street:	- HUJE			none number of per oplication (give are	rson to be contacted on matters
3543 18th Street, #15	NUL [N]	-2 2004 D	Prefix:	First Name:	4 0040)
		Washington - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ms Ms		Tonya
City: San Francisco			Middle Name P.		
County: San Francisco	DELTE CI	EARING HOUSE	Last Name Will	iams	
State:	Zip dode AIE VI	Limited	Suffix:		
California	94110		M.P.A Email:	i.	
Country: San Francisco			MYQWAN@aol.d	com	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)
9 4 - 3 1 3 6 8 7 2			415-584-4044		415-406-1922
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	k of form for Application Types)
√ Ne\	w 🗍 Continuatio	n Revision	O - Not for Profit	Organization	
If Revision, enter appropriate lett	ter(s) in box(es)		Other (specify)		
Coo Buok of John Tol Gosonphon		. []			
Other (specify)			9. NAME OF FEI DHHS/OCS/ACF	DERAL AGENCY:	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:		E TITLE OF APPLI	CANT'S PROJECT:
		9 3 - 5 7 1	"Girls Advocating	for Sustenance Au	tonomy"
TITLE (Name of Program):		9 3 - 5 1 1			
Community Food and Nutrition			1		
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):			
San Francisco			11 00 11 00 11 00 11	ANAL BIOTRIOTO	0.5
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	ONAL DISTRICTS	Dr:
1 January 2005		ecember 2005	San Francisco-Di		San Francisco-District 12
15. ESTIMATED FUNDING:	<u> </u>				REVIEW BY STATE EXECUTIVE
a. Federal \$		- OU		PREAPPLICATION	I/APPLICATION WAS MADE
		50,000			ATE EXECUTIVE ORDER 12372
b. Applicant \$			PRO	CESS FOR REVIEV	VON
c. State \$.00	DATE	E: 2 June 2004	
d. Local \$		00	I an PRO	GRAM IS NOT COV	ERED BY E. O. 12372
		20,000	D. NO. 9.3		
e. Other \$		25,000		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00			n. 🛂 No
		95,000	1	ttach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEI AUTHORIZED BY THE	F, ALL DATA IN THIS APP FGOVERNING BODY OF	'LICATION/PREAF THE APPLICANT /	AND THE APPLICA	INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF					
a. Authorized Representative Prefix	First Name _		Mi	ddle Name	Carried Control of the Control of th
Ms	Tonya			P	
Last Name Williams			Su	ıffix M.P.A.	
b. Title				Telephone Number	(give area code)
d. Signature of Authorized Repre	esentative			115-584-4044 Date Signed	
a. Signature of Authorized Repre	Joinanve		e.	2 June 2004	

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d. Signature of Authorized Representative

Executive Deputy Director

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

c. Telephone Number (give area code)

164

e. Date Signed

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					Version 7/03
PLICATION FOR DERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identif	
YPE OF SUBMISSION:	<u>.</u>	June 4, 2004 3. DATE RECEIVED BY	STATE	State Application	n Identifier
olication	Pre-application	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifie	Г
Construction	Construction	4. 5			W Section 1
on-Construction PRICANT INFORMATION	Non-Construction		Organizational Unit	•	
Name:			Department:		
nce for African Assistance			Refugee Resettleme Division:	i i i	
anizational DUNS: 034556	DEGE	D W B M	Name and telephor	ne number of per	son to be contacted on matters
ress:			involving this appli	ication (give area	code)
et: 2 El Cajon Blvd.	IN JUN	2 2004	Prefix: Mr. Middle Name	First Name: Walter	
n Diego			Last Name		
inty:		T. 11 1 75 1 1 6 1 1 6 1 1 6 1 1 6 1 1 6 1 1 6 1 1 6 1 1 6 1 1 1 6 1 1 1 6 1 1 1 6 1	Lam		
n Diego te:	SZID/Code CLEAF	RING HOUSE	Suffix:		
lifornia untry:	1 32110		Email: wl@alliance-for-afr	ica.org	
untry: ited States EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
			619-286-9052		619-286-9053
93-100836 YPE OF APPLICATION:	[2]				k of form for Application Types)
	New III Continuat	tion 🗏 Revision	O - Not for Profit O	rganization	
evision, enter appropriate e back of form for descript	letter(s) in box(es)		Other (specify)		
her (specify)			9. NAME OF FEDI DHHS - ACF/OCS	•	ICANT'S PROJECT:
TLE (Name of Program): ommunity Food and Nutriti AREAS AFFECTED BY	PROJECT (Cities, Coun	ities, States, etc.):			
county of San Diego, Califo			14. CONGRESSI	ONAL DISTRICTS	5 OF: b. Project
3. PROPOSED PROJECT tart Date:	Ending Date:		a. Applicant		49,50,51,52,53
0-01-2004			l ro		49,50,51,52,55
THE PERSON OF TH	9-30-2005		16. IS APPLICAT		O REVIEW BY STATE EXECUTI
5. ESTIMATED FUNDING	9-30-2005		53 16. IS APPLICAT ORDER 12372 PF	ROCESS?	O REVIEW BY STATE EXECUTION WAS MADE
5. ESTIMATED FUNDING	9-30-2005	50,000 w	16. IS APPLICAT ORDER 12372 PF a. Yes. THIS	ROCESS? PREAPPLICATION ABLE TO THE S	O REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 123
5. ESTIMATED FUNDING . Federal	9-30-2005	.80	16. IS APPLICAT ORDER 12372 PP a. Yes. AVAI	ROCESS? PREAPPLICATION READER TO THE SECOND REVI	O REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 123
5. ESTIMATED FUNDING i. Federal i. Applicant	9-30-2005 i:		16. IS APPLICAT ORDER 12372 PF a. Yes. THIS AVAI PRO	ROCESS? PREAPPLICATION LABLE TO THE S CESS FOR REVIOE: June 2, 2004	O REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON
5. ESTIMATED FUNDING a. Federal b. Applicant c. State	9-30-2005 i: \$.80	16. IS APPLICATORDER 12372 PF a. Yes. AVAI PRO DATI	ROCESS? PREAPPLICATION PREAPPLICATIO	O REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372
5. ESTIMATED FUNDING i. Federal b. Applicant c. State d. Local	9-30-2005 i: \$		16. IS APPLICAT ORDER 12372 PF a. Yes. AVAI PRO DATI	ROCESS? PREAPPLICATION PREAPPLICATION PRESS FOR REVIOUS FOR REVIOU	O REVIEW BY STATE EXECUTION OF REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 123° EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
5. ESTIMATED FUNDING . Federal b. Applicant c. State d. Local e. Other	9-30-2005 	180 180	16. IS APPLICAT ORDER 12372 PF a. Yes. AVAI PRO DATI	ROCESS? PREAPPLICATION PREAPPLICATION PRESS FOR REVIOUS FOR REVIOU	O REVIEW BY STATE EXECUTION OF REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1233 EW ON COVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
5. ESTIMATED FUNDING . Federal . Applicant . State 1. Local 2. Other . Program Income	9-30-2005 	180 180 00 00	53 16. IS APPLICAT ORDER 12372 PF a. Yes. AVAI PRO DATI b. No. PRO 17. IS THE APP	ROCESS? PREAPPLICATIO LABLE TO THE S CESS FOR REVII E: June 2, 2004 GRAM IS NOT CO PROGRAM HAS N REVIEW LICANT DELINO BROCESS?	O REVIEW BY STATE EXECUTION OF REVIEW BY STATE EXECUTIVE ORDER 1233 EW ON DVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE OF ANY FEDERAL DEBTON.
5. ESTIMATED FUNDING . Federal . Applicant . State i. Local e. Other f. Program Income g. TOTAL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00 00 50,000	53 16. IS APPLICAT ORDER 12372 PF a. Yes. THIS AVAI PRO DATI b. No. T PRO OR FOR	ROCESS? PREAPPLICATIO LABLE TO THE S CESS FOR REVII E: June 2, 2004 GRAM IS NOT CO PROGRAM HAS N REVIEW LICANT DELINO attach an explana	O REVIEW BY STATE EXECUTION OF THE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1237 EW ON THE EXECUTION OF THE EXECUTION
5. ESTIMATED FUNDING . Federal . Applicant . State 1. Local . Other f. Program Income g. TOTAL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 CLIEF, ALL DATA IN THE	53 16. IS APPLICAT ORDER 12372 PF a. Yes. THIS AVAI PRO DATI b. No. T PRO OR FOR	ROCESS? PREAPPLICATIO LABLE TO THE S CESS FOR REVII E: June 2, 2004 GRAM IS NOT CO PROGRAM HAS N REVIEW LICANT DELINO attach an explana	O REVIEW BY STATE EXECUTION OF THE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1233 EW ON THE EXECUTIVE ORDER 1237 EW ON THE EXECUTION OF THE EXECUTION
5. ESTIMATED FUNDING 7. Federal 7. Applicant 7. State 7. Local 7. Other 7. Program Income 7. TOTAL 7. TO THE BEST OF MY 7. DOCUMENT HAS BEEN DATTACHED ASSURANCE 7. Authorized Representat	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 CLIEF, ALL DATA IN THE	53 16. IS APPLICATORDER 12372 PF a. Yes. AVAI PRO DATI b. No. TPRO TORF FOR 17. IS THE APP Yes If "Yes": S APPLICATION/PREA Y OF THE APPLICANT	ROCESS? PREAPPLICATIO LABLE TO THE S CESS FOR REVII E: June 2, 2004 GRAM IS NOT CO PROGRAM HAS N REVIEW LICANT DELINO attach an explana	O REVIEW BY STATE EXECUTION ON APPLICATION WAS MADE STATE EXECUTIVE ORDER 123 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBTON.
5. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY DOCUMENT HAS BEEN D ATTACHED ASSURANCE a. Authorized Representat Mr.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 CLIEF, ALL DATA IN THE	53 16. IS APPLICAT ORDER 12372 PF a. Yes. AVAI PRO DATI b. No. PRO FOR FOR 17. IS THE APP Yes If "Yes": S APPLICATION/PREA Y OF THE APPLICANT	PREAPPLICATION PREAPPLICATION PRESS FOR REVIEW PROGRAM HAS NOT COMPROGRAM HAS NOT COMPROGRAM HAS NOT COMPROGRAM HAS NOT DELINGUATION ARE AND THE APPLICATION ARE ADDRESS AND THE APPLICATION ARE ADDRESS AND THE APPLICATION ARE ADDRESS AND ADDRESS AND THE APPLICATION ARE ADDRESS AND A	O REVIEW BY STATE EXECUTION ON APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBTON. IN NO
5. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY DOCUMENT HAS BEEN DATTACHED ASSURANCE a. Authorized Representat Prefix Mr. Last Name	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 CLIEF, ALL DATA IN THE	53 16. IS APPLICATORDER 12372 PF a. Yes. AVAI PRO DATI b. No. TPRO TORF FOR 17. IS THE APP Yes If "Yes" S APPLICATION/PREA Y OF THE APPLICANT	ROCESS? PREAPPLICATION PREAPPLICATION CESS FOR REVIOUS FOR REVIOUS PROGRAM IS NOT COUNTY REVIEW LICANT DELINON ATTACH AND THE APPLICATION AR AND THE APPLICATION Middle Name	O REVIEW BY STATE EXECUTION WAS MADE STATE EXECUTIVE ORDER 1237 OVERED BY E. O. 12372 NOT BEEN SELECTED BY STAT JENT ON ANY FEDERAL DEBT SION. E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
5. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY DOCUMENT HAS BEEN D ATTACHED ASSURANCE a. Authorized Representat Mr.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 CLIEF, ALL DATA IN THE	16. IS APPLICATION PRO DATI b. No. PRO FOR 17. IS THE APP Yes If "Yes" S APPLICATION PREA Y OF THE APPLICANT	ROCESS? PREAPPLICATION PREAPPLICATION CESS FOR REVIOUS FOR REVIOUS PROGRAM IS NOT COUNTY REVIEW LICANT DELINON ATTACH AND THE APPLICATION AR AND THE APPLICATION Middle Name	O REVIEW BY STATE EXECUTION ON APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBTON. IN NO

APPLICATION FOR			OMB	Approval No. 0348-004	
FEDERAL ASSISTANCE 2. DATE SUBMITTE		Applicant Identifier			
1. TYPE OF SUBMISSION: Application Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction Non-Construction 5. APPLICANT INFORMATION	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Legal NameOrange Cove Rural Fire	e Protection	Organizational Unit:			
District of Fresno & Tulare		Fire Depar	rtment		
Address (give city, county, State, and zip code):		Name and telephone	number of person to be conta	cted on matters involving	
550 CentersStreet		this application (give area code) Chief Robert Terry Ex			
Orange Cove, Californ	ia 93646	(559) 626-7758			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist.				
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learnin C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual		
X New Continuation	Revision	,			
If Revision, enter appropriate letter(s) in box(es)	The I I was I	. 1			
Donate Brease		F. Intermunicipal	M. Profit Organization		
	se Duration	G. Special District	N. Other (Specify)	THE PROPERTY SHARE STATE AND ADDRESS AND A	
D. Decrease Duration Other(specify):	UN 1 ZUL4	9. NAME OF FEDERA	AL AGENCY:		
		4		+	
STATE	CLEARING HOUSE	United States Department of Agriculture			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE I		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
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	10-700	1	an / Rural fir		
TITLE:				_	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, S Entire CityoffOrangeoCove, of rural Fresno & Tulare Co	, portions				
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15. ESTIMATED FUNDING:		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY S	STATE EXECUTIVE	
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b. Applicant \$ 74000	•	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State \$.00	11100200		•	
	00	DATE	a balan saan paar amakalaka sara aring aring saan ayah inga tara galan aring dala aring dala aring		
d. Local \$	•	b. No. 🗶 PROGRA	M IS NOT COVERED BY E.	O. 12372	
e. Other \$	00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$.00		T DELINOUENT ON ANY E	TOTOAL DEDTO	
g. TOTAL \$	00	1	IT DELINQUENT ON ANY F	*	
185000	•		attach an explanation.	X No	
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ATTACHED ASSURANCES IF THE ASSISTANCE IS AW a. Type Name of Authorized Representative	b. Title		c. Telephone Number		
Robert W. Terry	Chief	(559) 626-775	8		
d. Signature of Authorized Representative			e. Date Signed		
WUT IN- they			May 11th, 200)4	

Previous Édition Usable Authorized for Local Reproduction Prescribed by OMB Circular A-102

Application for Federal

OMB Approval No. 0348-0043

Proper of Submission Application Pre-application Application Construction Application Construction Construction Application Construction	Assistance		2. Date Submitted (mn	n/dd/yyyy)	Applicant Identifier		
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Non-Construction Non-Construction /	• •			ederal Agency (mm/dd/yyyy)	Federal Identifier		
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Cognitive							
Rancho Mirrage Rehabilitation Hospital, Inc. Name and displace on number of the person to be contained on matters involving this application (give new costs) Rancho Morrage Rehabilitation Homber (EM) (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		on		Omanizational Unit			
Name and diaghorem curvace of the person to be contributed on markers involving this applicant (or earns once)		NATIONAL TO THE PUBLISHED OF T	Lognital Inc	Organizadorial orna			
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APPLICATION FOR

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
		May 27, 2004		04-040-952750154		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
Non-Construction	Non-Construction			<u> </u>		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
Peoples' Self-Help H		1				
Address (give city, county, State,	, ,		Name and telephone number of person to be contacted on matters involving			
3533 Empleo Street	San Luis	Obispo County	this application (give area code)			
San Luis Obispo, CA	93401		Sheryl Flores - 805-783-4465			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)			
9 5 - 2 7 5 0	1 5 4		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learnin			
✓ New	Continuation	Revision	C. Municipal	J. Private University		
J. Hew			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)	h Bussel Straint	E. Interstate	L. Individual		
	AFCEV	Supreme Suprem	F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Deci D. Decrease Duration Other(s	specify):	e Duration	G. Special District	N. Other (Specify) n-Profit Org Non-Pr		
	JUN A	EJ. T	9. NAME OF FEDERAL AGENCY:			
	STATECLEARIN	GUOUSE	USDA Rural Dev	velopment (523 Program)		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N)MBÈR:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 0 — 4 2 0	Applicant is apply	ying for a Section 523 Technical		
TITLE: Section 523	Technical Assistance		Assistance Grant to construct mutual self-help single family homes.			
12. AREAS AFFECTED BY PRO		ites, etc.):				
	OLO I (Childo, Codinios, Cia	100, 0101/.				
San Luis Obispo County						
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project			
6/1/04 5/31/06	22	2	22			
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PF	ROCESS?		
a. Federal	\$.00				
ļ., , , , , , , , , , , , , , , , , , ,	L	90,800		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$		AVAILABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON:			
c. State	\$	00	1100200	TORREVIEW ON.		
	•	•	DATE			
d. Local	\$.00	b. No. PROGR	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income	\$.00	FOR REVIEW			
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	 \$	390,80 o .ºº	☐ Yes If "Yes," attach an explanation.			
•				TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF			IE APPLICANT AND I	HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep		b. Title		c. Telephone Number		
Scott Smith Assistant Secretary		y	(805) 781-3088			
d. Signature of Authorized Representative		e. Date Signed				
	MATI	\supset				
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Authorized for Local Reproductio	n C			Prescribed by OMB Circular A-102		

APPLICATION FOR		2. DATE SUBMITTED			OMB Approval No. 0348-0043	
FEDERAL ASSISTAN	CE	06/01/2004		Applicant identifier		
1. TYPE OF BUILMISSION: Application Prespptic Construction Cone	ation Etion	3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier Federal (dentifier		
	Construction					
5. APPLICANT INFORMATION						
Legal Name;			Organizational Unit:			
ANEWAMERICA COMMUNITY Address (give city, county, state, and signer	ada)		SAME			
2974 Adeline Street Berkeley, CA 94703 6. EMPLOYER IDENTIFICATION NUMBE		<u>E </u>	Sylvia Rosales 510-540-7785	n <i>ade)</i> -Fike k303		
94-334	2 6 5 8		7. TYPE OF APPLICANT: (enter appropriate letter in box)			
8. TYPE OF APPLICATION:	Continuedan	ARMGHOU	SE State County Municipal D. Township	 Private University 	nool Dist. Institution of Higher Learning	
If Revision, enter appropriate letter(a) in bo	<u> </u>		E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organizatio	,	
A, Increase Award B. Decrease A. D. Decrease Duration Other (specify		crease Duration	G. Special District O. NAME OF FEDER	N. Other (Specify):		
					Discretionary Grants;Office	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 - 5 7 1			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Green Banana Building Healthy Communities - Educational workshops on food, nutrition, and economic development for low			
TITLE: Community Food and I	•		income new Arr	pericans.	nic development for low	
12. AREAS AFFECTED BY PROJECT (de	ies, counties, etates), e(c.):				
San Francisco, Contra Costa, a	nd Alameda C	countles				
,						
13. PROPOSED PROJECT:	44 CONODERE	ANAL PIOTOIGE AT				
Start Date Ending Date	n. Applicant	ONAL DISTRICTS OF:	· ·	b. Project		
09/01/2004 08/01/2005				7,8,10, & 13		
15. ESTIMATED FUNDING:	<u> </u>	16. IS APPLICAT	TION SUBJECT TO RE	VIEW BY STATE EXECUTIVE OR	DED 40272 (IDAAGAA)	
a. Federal \$	50,000	.00 a. YES, TH		APPLICATION WAS MADE AVAIL	ABLE TO THE STATE EXECUTIVE	
b. Applicant \$	32,750	LCD.	06/01/2004			
c. State \$.00 b. NO.	PROGRAM IS NOT CO	OVERED BY E.O. 12372		
d. Local \$.00		OT BEEN SELECTED STATE FOI		
e. Other \$.00	TOTAL TIME IN	OLDERN SELECTED SIX (E FOI	K KEVI E W	
1. Program Income \$	•	, –		ANY FEDERAL DEBT?		
g. TOTAL \$	82,750	.00 YES -	lf "Yes," attach an expla	nation.	✓ No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED AGSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Typed Name of Authorized Represent	stive		b. Title	T. Maria (1400) IF	c. Telephone number	
Sylvia Rosales-Fike			Executive Direct	or	(510) 540-7785	
d. Signature of Authorized Happenggetting				•. Date Signed		
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